UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

The Different Faces of Bulimia Nervosa

by

Karen Mayler Bradford

A mini-dissertation submitted in partial fulfillment of the requirements for the degree

Master of Arts in Counselling Psychology,

In the
Department of Psychology at the

UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES

Supervisor:
Dr. L. Human

March 2007

Acknowledgements

This research project could not have been completed without the help of the following faces, I give thanks to them:

Dr. Lourens Human, my supervisor, for your direction and leadership over the past few years.
C and L for allowing me to hear your stories.
Graham Alexander for smoothing my way into Crescent Clinic.
Marion Bradford for supporting me in everything.
Christian von Bergman for all your hard work; and
Tyrel Solomon, for reading it when no one else would.

And thank you to everyone else who, by virtue of being in my life, have walked this journey with me.

Abstract

The Different Faces of Bulimia is a research project that has represented a journey. It began with the question "How do females experience bulimia as part of their lives?" and moved through rooms where different 'faces', or theories on bulimia, were met with and interviewed. There appear to exist, in literature concerning bulimia, five dominant faces on the matter. These are the Psychopathology face, the Psychoanalytic face, the Cognitive-behavioural face, the Cyberspace face, and the Narrative face. Each of these
appeared to offer an individual and different meaning of bulimia. The research extended to include the sixth and seventh faces of C and L, two women who live with bulimia in their own lives, and the meaning that they attach to it. They represented the individual faces that existed in human interaction and not in the words of books, magazines, or computer screens.

The meaning of bulimia in C and L's lives was searched for in interviews with both women that were audio-recorded and transcribed. The analysis of these was done in line with narrative methodology which holds that our experience is constructed in collaboration with history (or past experience) and culture. Both history and culture is assumed to inform and co-author the narratives of bulimia in C and L lives, as well in the lives of the five dominant faces explored in this research. The analysis took the form of searching for the meaning that C and L attach to bulimia. The five dominant literary faces also became the history and culture that one supposes women living with bulimia to co-exist with, and their effect on their personal narratives became important. That is, whether the dominant literary faces had an effect on the stories told by the faces of these two women.

In line with narrative methodology, this research's aim was not to provide one final answer or conclusion to the research question, but rather to provide an

analysis of the individual meanings contained in each face. It has, in effect, added another face of bulimia in it's search for what bulimia means.

Samevatting

Die verskillende gesigte van bulimie is 'n narvorsings projek wat 'n reis verteenwoordig. Dit het met die vraag begin: Hoe ondervind en ervaar vrouens bulimie as deel van hul lewens? En beweeg deur kamers met verskillende gesigte of teorie van bulimie, wat jy ontmoet en onderhourd voer. Dit wil voorkom dat literatuur oor bulimie, vyf dominante gesigte voorkom. Hierdie is die Psigopatoloies gesig, die Psigoanalities gesig, die Bewuste-gedrags gesig, die Kuberruimte gesig en die Relaas gesig. Ieder en elkeen wil voorkom om 'n individuele en verskillende mening van bulimie te gee. Die navorsing is verleng om 'n ses en sewende gesig van C en L, twee vrouens wat met bulimie geleef het, en die waarde wat hulle daaraan geheg het. Hulle het die individuele gesigte verteenwoordig van die menslike interaksie, wat nie in waarde van boeke, tydskrifte of rekenaars skerms te vinde is nie.

Die meening van bulmie in C en L se lewe was ondersoek vir onderhoude. Beide vroue was oudio opgeneem en getranskribeer. Die analisering van hierdie, en die vyf ander gesigte van bulimie, was gedan in lyn met relaas metologie wat met ondervinding saamgestel is met samewerking met die geskiedenis (of verlede) as ook kultuur. Beide geskiedenis en kultuur is veronderstel om hierdie gesigte in kennis te stel en te outeur, en die verhaal van bulimie te vertel. Analisering maak plek vir ondersoeking, om die betekenis van elke gesig van bulimie in hul eie lewe net soos die analisering geletterd gesigte probeer om die onsekere meening wat elkeen in hou wat bulimie het.

Die vyf dominate letterkundige gesite, word ook later die geskiedenis en kultuur met wie die vrouens met bulimie leef en die effek op hul persoonlike lewe en

vertellings is belangrik vir ons. Dit is, of die oorheersende letterkundige gesigte ‘n effek het op die stories van die gesigte hierdie twee vroue vertel. In lyn met relaas metologie, die navorsing was nie daarop gemik om ‘n finale antwoord of gevolgtrekking om die navorsing te bevraagteken nie, maar eerder ‘n analisering meening van die individuele gesigte. Dit het inderdaad ‘n ander gesig in die navorsing van bulimie bygevoeg.

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Chapter 1
Introduction

This piece of research and I[1] have walked hand in hand over the past two years. On this journey there have been many times in which it has frustrated me, times where it has confused me, and still more times where I feel I learned from it. Whatever went before, this path has led me to this point, the writing of the research report. This introductory chapter will begin with a discussion of the context from which I originate, which then leads on to my research question, the chapter will then move onto to a brief discussion of the goals of this research and will end with an explanation of the structure of the report. I invite you now to join me in the story of my journey, a story in which I searched for meaning.

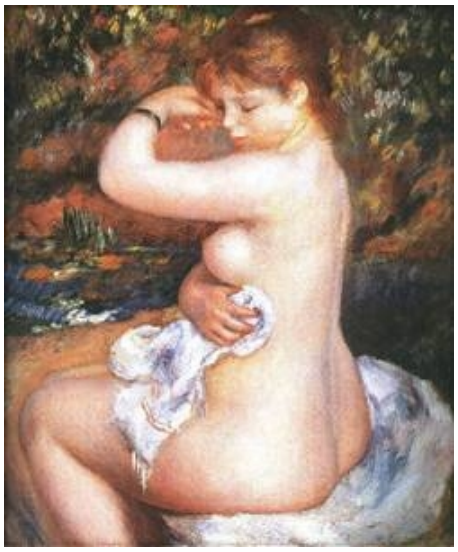
1.1 Context

I, the researcher, am a woman with my own narratives about weight and body image. When I listen to women surrounding me I hear their personal, and yet different, narratives about their own body satisfaction and weight. I hear narratives about being vegan, vegetarian, wheat-free, sugar-free, of over-eating, under-eating, and the list continues in my mind. Narrative theory understands that people establish their identity within their social domain. That is, a person will come to understand their personal identity through the social processes, within these domains, that make definite statements about their identity. With regards to female identity concerning weight, social processes exist that allow women[2] to judge their appearance according to claims that are socially

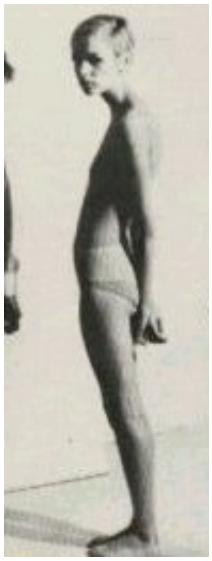
[1] For the purposes of this paper, "I" and "me" will refer to the researcher

[2] It should be noted that bulimia nervosa does not only occur in females. Carlat and Camargo (in Kayrooz, 2001) report that, although it is accepted that bulimia nervosa predominantly affects women, some males appear to disguise the problem under fitness regimes. The researcher's

negotiated and are accepted or 'established' by others (White, 2000). The image of what an ideal woman's body shape should be seems to be one that has undergone change as it has moved throughout different societies in history. Evidence of the fuller female form being one of beauty is portrayed in the work of artists such as Pierre-Auguste Renoir's (1860-1900) 'After the Bath' (pictured on the right). Renoir held that his main concern in his work with nudes was to paint them as if they were some superb fruit which gives the image of a robust, round, and healthy woman (Renoir, 1888).



The 1960's seem to represent the biggest change with regard to what was considered to be the beautiful female form. This signaled a time of the birth of the first female supermodel, Twiggy (pictured on the left). For the first time the female body was portrayed in a thin light. Models today, such as Kate Moss (pictured on the right), have followed in this vein and are still considered beautiful if thin ("Twiggy", 2006). Models with a leaner form became more popular with designers because it was believed that their bodies wouldn't draw attention away from the clothes that they modeled (Opperman, 2006).



Women in our society are seemingly flooded with information concerning how the perfect female body should appear. The covers of magazines are

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opinion is that the phenomenon will differ amongst females and males, and has chosen to focus this paper only on the female patients of bulimia nervosa.

sprinkled with ways to improve your body in titles such as “Where did our waists go?” (Spencer, 2005); and criticisms of less perfect bodies such as: “Wobbly bits: lumps, bumps and flab” (*Heat*, 2006). Articles such as these can lead to women judging themselves as imperfect and not good enough. This results in them seeking out ways that will force their body into the ‘perfect’ form. With thin models wavering down runways, diet pills advertised between prime-time sitcoms on television, and a national obsession with dieting, it is not surprising that women judge their appearances, which leads to eating disorders becoming more prevalent within the society in which we live (“The Skinny on Thin”, 2006).

Dion Chang (in Opperman, 2006) blames the celebrity culture for the movement towards women wanting to be ultra-thin. In his opinion gossip magazines place extremely thin women on a pedestal and take satisfaction in publishing pictures of people with cellulite. Chang feels that these magazines are significant because they send out the message that it is acceptable to be very thin, and that it is something to strive for. Being surrounded by this environment myself, I was led on to a consideration of the individual relationships that women hold with food and, in turn, with their own body image. Questions sprung up in my mind relating to ‘ordered’ and ‘disordered’ and so grew my interest in what has been named “Eating Disorders”.

My interest expanded when, as a part of my training, I completed an Internship year at the Student Support Centre of the University of Pretoria. It was here that I realised how common bulimia nervosa[3] is amongst young women seeking counselling. I was initially fascinated by the secrecy surrounding the phenomenon, and then I began to wonder if bulimia had the same meaning in the lives of the different people that it affected. This led me onto the following research question.

[3] For the purpose of this paper ”bulimia nervosa” will be referred to as “bulimia”.

1.2 Question

The research question for this study was: “How do females experience bulimia as part of their lives?” This question led onto the following goals.

1.3 Goals

1.3.1 General Goals

The general goal of this study was to try and understand how females experience bulimia as part of their lives.

1.3.2 Specific goal

This research study also had four specific goals. Firstly to complete a literature review of the five dominant faces of bulimia, secondly to describe the research methodology that dictates the structure of this research, thirdly to conduct the research project, and fourthly to write the research report. These goals led onto the structure of the research project and this structure is explained below.

1.4 Structure

This research report is itself a face that is comprised of lines of information. In Chapter 2 we will walk through a literature review of the five dominant faces of bulimia. The research methodology of this paper will be discussed in Chapter 3, while the results of the actual interviews, concerning the face of bulimia in the lives of two women, will be discussed in Chapter 4. Chapter 5 will signal the end of the report and will be comprised of conclusions and recommendations for future research. In this Chapter I have looked at the research context, question, goals and structure of the research report. The following chapter will address the literature review.

Chapter 2
Literature Review

The literature review of this research is considered an important part of attempting to answer its research question, which is 'How do females experience bulimia as part of their lives?' In this chapter, five of the dominant faces of bulimia will be explored in order to understand the different meanings reflected in each of these faces. These faces are the Psychopathology face, the Psychoanalytic face, the Cognitive-behavioural face, the Cyberspace face, and the Narrative face[4].

2.6 The Psychopathology face

The Psychopathology face names the problem bulimia and says that it is a term that means binge eating. This is defined as eating a larger amount of food that most individuals in a similar period of time, or in similar circumstances, would eat and it is also accompanied by a powerful sense of losing control (Sadock & Sadock, 2003). Anorexia nervosa was recognised as a clinical entity during the 1800s. One of the earliest descriptions of binge eating, however, was offered by Stunkard in 1959 who documented cases of uncontrolled eating. However, it was twenty years later, in 1979, that Russell gave the first scientific descriptions of bulimia in an article titled 'Bulimia nervosa: an ominous variant of anorexia nervosa' (in Kayrooz, 2001). Reports of a syndrome characterized by episodes of uncontrolled eating began emerging in this time, and an array of diagnostic terms were introduced including compulsive eating, the dietary chaos syndrome,

[4] It should be noted, for interest, that other faces were also looked upon. The Existentialist face of bulimia was also sought out in the preparation of this paper. It was found that this face appears to be an old one, hiding in the covers of old and dusty books. The face eluded even the research literature search performed by the University of Pretoria's library. These five faces form the dominant ones that stood out in shelves, libraries and websites visited.

bulimarexia, bulimia nervosa and bulimia. (Crowther, Tenenbaum, Hobfall & Stephens, 1992).

This face is represented by the Diagnostic and Statistical Manual (DSM-IV). The disorder was first introduced as a diagnostic entity in 1980 in the third edition of this manual (the DSM-III). These diagnostic criteria do not specify directly a fear of weight gain. They, however, do take into account that a fear of gaining weight encourages purgative behaviour, which implies that fear of weight gain is a feature of bulimia. Bulimia was found to be characterised by a distortion in body image and an intense preference for slenderness, which in turn creates an increasing frustration with body size as weight increases (Williamson, 1990).

The original diagnostic criteria of this manual were criticised for their over emphasis on bulimia as a symptom of uncontrolled overeating as opposed to bulimia as a clinical syndrome. It was also criticized for neglecting the extreme concerns about weight and shape and maladaptive weight-control measures. Under the DSM-III diagnostic criteria an individual could be diagnosed with bulimia without ever engaging in repeated weight-control measures or without engaging in binge eating with any frequency. (Crowther, et al. 1992).

The current Diagnostic and Statistical Manual (DSM-IV) (in Sadock & Sadock, 2003, p. 747) defines bulimia as “binge eating combined with inappropriate habits of stopping weight gain”. It is recognised as being more common than anorexia nervosa and involves frequent episodes of bulimia along with feelings of being out of control. The binge eating is often concluded by social interruption or physical discomfort, and feelings of guilt, depression or self-disgust often follow this episode. Individuals with the disorder also illustrate repeated compensatory behaviours such as purging (which includes self-induced vomiting, repeated laxative or diuretic use), extreme exercise, or fasting (Sadock & Sadock, 2003). Such purging, in its most common form, involves self-induced vomiting entailing the use of a finger or some object to stimulate the vomiting reflex. Vomiting may, in some cases, become more voluntary, and simply flexing

the abdominal muscles may induce vomiting. In rare cases, the bulimic may lose control over vomiting, or purging, and may reflexively vomit any food that is eaten. What is important to note is that the bulimic does not usually feel nauseous prior to vomiting, as this is a significant diagnostic sign for differentiating psychogenic vomiting from bulimia (Williamson,1990).

The Psychopathology face provides a list of criteria for a diagnosis of bulimia to be met. These criteria include recurrent episodes of binge eating characterised by both eating, within any two hour period, an amount of food larger than most individuals would eat during a similar time frame and under similar circumstances; and a feeling of a lack of control over eating during these episodes. Bingeing is usually accepted to precede vomiting by roughly one year. In order to prevent weight gain, recurrent unsuitable compensatory behaviours are also present, such as self-induced vomiting, abuse of laxatives, fasting and excessive exercise. It is important to note at this point that these behaviours usually occur in a combination which serves to add to their danger. In order to formulate a diagnosis, the bingeing and compensatory behaviours must occur at least twice a week for three months. The individual's self-evaluation should also appear to be overly influenced by their weight and body shape for this diagnosis, and the disturbance should not exclusively occur during episodes of anorexia nervosa (Sadock & Sadock, 2003)

The DSM-IV-TR criteria also specify two types of bulimia, namely the *purging type* and the *nonpurging type*. The *purging type* refers to patients who, in their current episode of bulimia, regularly engage in self-induced vomiting or the abuse of enemas, diuretics or laxatives. The *nonpurging type*, during their current episode of bulimia, have used other inappropriate compensatory behaviours, for example excessive exercising or fasting, but have not regularly engaged in the behaviours characteristic of the purging type, that is self-induced vomiting or the misuse of enemas, diuretics or laxatives. This face asserts that this type of bulimia is difficult to manage in therapy because the patients often hide their behaviour (Sadock & Sadock, 2003).

Vervaet, Heeringen and Audenaert (2004) carried out research to identify whether the nonpurging and purging types of bulimia are similar or different. Their findings indicate no difference between the two groups in emotional eating, and they share features such as exhibiting a higher food intake even on non-binge days, they both have a history of frequent weight fluctuations and a great amount of time spent dieting. The research findings also demonstrated that purging bulimics differ from nonpurging bulimics in that they are usually older and have a longer duration of illness. They have also learned that dieting has little or no effect and most of them hold a history of attempted dieting. Purging bulimics also show a higher and current body mass index than nonpurging individuals. The possible explanation offered for this difference is a genetic effect on the tendency to be overweight and the personality characteristics, as well as the individual's persistence in their behaviour. Due to personality characteristics, the researchers are of the opinion that purging individuals are unable to restrain their behaviours and this clearly differentiates them from nonpurging individuals. They also assert that this may be the important distinction between the two types that warrants their categorical diagnostic distinction.

The Psychopathology face also deals with the possibility of a differential diagnosis, that is, when to not diagnose bulimia. If bingeing and purging behaviours occur only during episodes of anorexia nervosa, a diagnosis of bulimia cannot be made. In this case a diagnosis of anorexia nervosa, a binge eating-purging type should be made. Therapists should also rule out the possibility of neurological disease, such as central nervous system tumours. Patients with borderline personality disorder are also known to binge eat, and careful inspection of this behaviour is necessary as it may be associated with other signs of the disorder, but does not represent a diagnosis of bulimia itself (Sadock & Sadock, 2003).

It is important, therefore, to assess personality pathology (Miller & Mizes, 2000). It is also important to ascertain what the individual's subjective definition of binge eating is, as it may alternatively be diagnosed as compulsive eating. In general,

it can be agreed upon that the differential diagnosis of bulimia is best carried out by a professional, who is familiar with both medical or psychiatric disorders and eating disorders (Williamson, 1990).

It would appear then as if the Psychopathology face holds a very definite opinion of what bulimia looks like, that is it focuses on the symptoms of bulimia and not on the experience of it. Therefore this face only helps with the identification of bulimia and does not answer the research question, which pertains to experience.

2.7 The Psychoanalytic face

When searching for the Psychoanalytic face of bulimia, I found that it stood out boldly on the shelves of the libraries visited. It appears to be a face that many have looked upon and perhaps found themselves writing about. It is an old face that has lived in the land of modernism. Its roots seem deep and it appears to knowingly stroke its moustache while scribbling down notes about its opinion. In an intellectual voice, the face explains that **"**psychoanalysis is given to metapsychology, simultaneous multiple points of view, rather than mutually exclusive dichotomous categories" (Farber, 2000). Hearing such large words makes the message seem important. But I felt confused in my first encounter with this face. The complicated words used by this face seem to create an air of expertise which one feels nervous to doubt or even to challenge. It is a face that appears to hold much knowledge about someone's life, and it is understandable why many take its words as truth because it seems to provide all the answers. It is in this face's gaze that one might find oneself wondering what category you fit into.

There appear to be many psychoanalytic opinions (within the Psychoanalytic face) regarding bulimia. What follows is a summary of only a small portion of these. Reindl (2001) draws on the writings of Susan Sands who

views bulimic patients as experts at dissociation and believes that they portray their bingeing episodes as if describing a drug trip, delirium, or trance state. Her view is that patients with bulimia rely so heavily on the defence of dissociation that they eventually develop an established, split-off bulimic self who has needs, feelings and awareness quite different from the patient's usual sense of self. She explains that this occurs when a child's actual needs and affects are met with persistently inadequate understanding by caregivers, these needs and affects are then repressed, or split off, from the total self-structure. The result is that the child does not succeed in internalising self structure and creates a detached self-system consisting of the split off aspects of the self.

When an individual begins to engage in the binge-purge cycle of bulimia, this creates an altered state that serves to reinforce this already existing split in the psyche and further arranges the dissociated needs into that bulimic self. Disordered eating patterns, rather than people, are implemented to meet self-object needs, because experience previously with caregivers have brought disappointment, frustration, or even abuse. Sands argues that when such eating rituals are a replacement for self-object receptiveness, the patient's development is disrupted because their early needs remain split off and cannot be integrated into their personality now.

Rizzuto (in Reindl, 2001) further purports that the bulimic holds a dissociation of language and affect which is the result of the child not having experienced harmonising communication with a caregiver. The triumph or disappointment a child feels when communicating their subjective experience to others determines their attitude towards the usefulness of language. If a child constantly experiences themselves as unsuccessful in communicating their internal states, they will eventually stop trying to. It is then that they may learn to dissociate language from affect, and to not allow others into their inner world, or to let the worlds of others make an emotional connection with them. The bulimic then uses words to hide rather than to reveal their subjective experience.

Reindl (2001) uses the analogy of Beauty and the Beast. The fable of a beautiful woman, named Beauty, who is initially terrified of a beast, but eventually falls in love with him because of his true nature and he, in turn, becomes a prince, and they live happily ever after. Reindl asserts that women with bulimia, just like Beauty at the beginning of the story, wish they could rid themselves of, or contain and control, the beast within (that is, the bulimic self). At the very least, the patient attempts to hide it but, given the beast's power, the individual requires great energy to do so.

Just as the bulimic woman who regards the bulimic self as both strange and necessary to her true nature, so Beauty regards the beast as too unfamiliar to marry and yet is intensely fond and extremely protective of him**.** She believes that the bulimic self is analogous to the beast. Although the beast appears to be full of rage and terrifying, he holds Beauty's best welfare at heart. For Reindl (2001) the beast, like the bulimic self, is devoted to speaking the truth, to recognising the whole of what is true, his nobler abilities and his darker aspects too. At first Beauty cannot love the beast, but she reveals the extent of her power to love when she comes to value the whole of him and recognises that she cannot live without him. Reindl believes that the bulimic woman is encouraged to accept and understand the bulimic self when she distinguishes that its depth of emotion and truth, its loyalty, its aptitude for happiness, that its sheer passion are essential to her sense of wholeness. Only when bulimic women acknowledge and appreciate their aggression can the beast within them become less disparaging. That as the women incorporate darker aspects of themselves with lighter ones, they experience a sense of unity, and this feeling of being more complete is companioned by a sense of liberation.

Reindl (2001) also attempts to explain the destructive behaviour bulimics engage in, such as stealing, as this is one of the many impulsive and compulsive

behaviours of bulimic women. Although the women she saw in therapy admitted to feeling guilty about stealing, they also felt driven and even compelled to do so, like the beast that feels guilty about hunting and yet feels compelled to do so. She believes that, in stealing, the patient expresses their logic that they are entitled, not to the item necessarily, but to something else very fundamental, namely nurturance from a person who is important to them. She, therefore, expands on Winnicot's opinion on the matter, who believes that stealing and destructive behaviour is not necessarily a sign of a personality disorder, but an effort to lay claim to love which the individual feels they were deprived of. Other such destructive behaviours include sexual promiscuity, self-mutilation, and substance abuse. Winnicot (in Reindl, 2001) adds that antisocial acts emerge when a child feels deprived of vital features at home, in particular a deprivation of nurturance and warmth.

In Sugarman's (in Johnson, 1991) opinion development is distorted in teenage girls who develop bulimia. Evidence suggests that the interactions amongst such girls with their mothers is problematic, that many of these mothers are narcissistic women who themselves had troubled relationships with their own mothers. These mothers have trouble being adequately in tune with their daughters to help them learn to transfer somatic communication into verbal, symbolic forms. In other cases these mothers were emotionally unavailable and depressed, and such maternal self-absorption results ultimately either in the daughter's defensive failure to verbalise affect. As a result of such early maladjustment, separation-individuation is a difficult stage for their daughters. These girls are unprepared for adolescence and as their bodies change and become more like their mothers' bodies, they unconsciously equate their body representation with the maternal representation. Therefore they easily transfer their frequent disagreements with their mothers onto their bodies, leading them to experience their bodies as though they were independent objects, like their mothers. The young girl starts to experience her body as a persecutory entity that must be wholly controlled.

This misguided endeavour to keep the body slim may also be attempts to maintain a masculine body self, which can then compete with men for the sexual love of the mother (Johnson, 1991). In my opinion this particular viewpoint on masculinity might better suit the anorexic's endeavours to keep her body from developing into a female form. In the case of bulimia, I see this face's viewpoint as being one in which dependent clashes are more likely to be expressed in the bingeing behaviour, while aggressive denial and an attempt to maintain autonomy can be expressed through purging (Johnson, 1991). Therefore there appears to be a continual battle, one in which the bulimic takes in to herself a large amount of comfort, and then rejects this in the form of purging. In the author's experience, the young girls seen in therapy imitated this binge-purge cycle in their daily lives. One client was also in a continual cycle of loving her boyfriend (the taking in) and then rejecting him (the purging) the next day. She would also try and equate him with her mother and, on the days she was rejecting him, would say such things as 'he will never match up to my mother'. This reflects, again, the binge-purge cycle.

I have also been informed, by a survivor of the disorder, that the behaviour of bulimia can also serve to protect the woman. Literature supports this, by placing such importance on the ideal body self, the bulimic's struggle to achieve it may actually help her to avoid the more intense sense of anguish and inadequacy associated with her defensively warped, pre-oedipal adulation of her mother. Failure to reach this ideal can be repressed, so that a more encompassing sense of self-criticism and failure is avoided. In this way the incongruity between the ideal self-representation and the actual self-representation can be diminished (Johnson, 1991). Although this paper has merely summarised some of the thoughts surrounding the issue, the main concept that one seems able to deduce is that the bulimic's conflict with her mother is dealt with in the form of displacement, either onto her own body-self or onto a bulimic self.

The Psychoanalytic face claims to know where bulimia comes from but, like the Psychopathology face, does not answer my question of what it means to experience bulimia as part of one's life. I now turned to the Cognitive-behavioural face.

2.8 The Cognitive-Behavioural face

When defining the key features of bulimia, the Cognitive-behavioural face appears to draw on the Psychopathology face. These features are binge eating and behaviours designed to prevent weight gain, binge eating and compensatory behaviours occur at least twice a week (and have been continuing like this for at least 3 months), that the person's weight and shape play a very large part in how they evaluate themselves, and also that the person is not also very underweight (which would appear to rule out Anorexia Nervosa). The face names people living with bulimia 'bulimics' and believes that bulimia is an eating disorder characterised by binge eating, self-induced vomiting and/or laxative abuse (Mitchell, 1986). Episodes of this typically rotate with dieting attempts, although the eating behaviour of bulimics and their methods of weight control vary (Fairburn, Cooper & Cooper, 1986).

This face believes that although bulimics usually have a body weight within the normal range for their height, build, and age, they possess a deep worry about their body shape and weight (Fairburn et al., 1986). The Cognitive-behavioural face regards individuals' attitudes toward their shape and weight as fundamental to sustaining the disorder. This face asserts that in challenging and changing negative thoughts, the feelings and ways of behaving around bulimia will also change. It believes that thoughts, beliefs and values are interrelated and influence an individual's behaviour. The cognitions of any individual are based on hypotheses and attitudes that are developed from past experiences. These in turn affect an individual's mood and behaviour because they lead to how they structure the world. Therapeutic techniques employed by this face are planned in

order to discover, reality test and correct distorted and dysfunctional attitudes. This face believes that in changing an individual's dysfunctional beliefs and attitudes recovery can be facilitated (Beck, 1979).

This face emphasises that bulimia can possibly be part of several other disorders, including anorexia nervosa, binge-eating disorder, depression, multi-impulsive disorder and borderline personality disorder. The Cognitive-behavioural face also views bulimia as being associated with several other symptoms and problems, the main of which are dieting, obsessive thoughts, checking behaviours with regards to their weight and shape, a low self-esteem, early memories that are traumatic, law breaking such as shoplifting, performance at work or university may also be affected, and Bulimia also leads to an isolation of the person from others (Cooper, Todd & Wells, 2000). It is clear, from the words one reads on this face, that bulimia is very definitely viewed as a disorder or a problem that one must get rid of.

The Cognitive-behavioural face focuses on placing the person in situations where their thoughts and behaviours concerning bulimia can be monitored and, in a way, controlled, for example by working out a programme for the person. This face may rely on questionnaires to ascertain a person's behaviour and thoughts, and it is felt that such questionnaires are able to provide an answer to what the problem is, thereby concentrating on formulating programmes for the individual. The treatments prescribed by this face are believed to produce considerable declines in the frequency of binge eating, vomiting, and other compensatory behaviours used to control weight (Treasure, Schmidt, Troop, Tiller, Todd, Keilen, & Dodge, 1994). These effects are also believed to be well maintained over time (Waller, Fairburn, McPherson, Kay, Lee & Nowell, 1996).

The Cognitive-behavioural face also appears to promote the use of medication, if necessary, as well as the importance of additional help in certain circumstances, such as the use of a medical doctor, social workers, and self-help organisations. Antidepressants are the major pharmacological intervention that

are used in the treatment of bulimia. This is because many have proved successful in diminishing episodes of both bingeing and purging (Hoffman & Halmi, 1993). It is also a face that admits that several theories exist to explain bulimia and it is not adverse to working together with other faces because these may deal with different levels of the problem. The Cognitive-behavioural face claims to know the thoughts that surround bulimia but, as in the cases of the first two faces explored, does not explain the experience of living with bulimia. I had heard about the Cyberspace face and turned here next for meaning.

2.9 The Cyberspace face

> "Through prayer, fasting and meditation I will drop below 100 pounds, the dreaded three digits. I want to be 99 or nothing. Want. Did I say want? I shouldn't say want. I shouldn't say shouldn't. You're confused?... I'm trying to eliminate my ego but that action is ego itself. All action is ego. Are you following me? I'm not here with my mirror and scale for the good of my health" (McCourt, 2006).

These words leapt out at me when I first encountered the Cyberspace face. It is perhaps the most mysterious face of them all and these words left me with the impression of a desperate confusion in wanting to be thinner. The face was initially difficult to find, and only later did it become apparent that I was calling out for it using the wrong name. It is an evasive face, difficult to find as it hides from web search engines. It feels as if it is hidden by a large hood and one cannot help but feel that there is something secret written on the face that tries so hard to keep itself concealed. It was only during my searching that it became apparent that these websites are actually named Pro-mia sites, taken from the last three letters of the word bulimia.

The Cyberspace face is another face of bulimia, and it speaks of helpful hints in inviting bulimia into your life. The face that I sought out was one that I had only heard rumours about, rumours that it openly promoted the very behaviour that all the other faces shun. I could not help but feel uneasy gazing

into this face because it promotes a lifestyle that could ultimately be deadly. This face seems to convincingly rationalise the behaviour surrounding bulimia and it appears to come under constant criticism from the medical field.

Pro-mia is a movement which views the condition bulimia as positive, promoting binge-purge eating habits as a lifestyle choice rather than an illness or mental condition. The movement has been criticised for creating an environment that is so accepting of eating disorders that the people looking upon this face will not seek treatment to overcome it. Supporters of this face respond to such criticisms by recognising bulimia as much the same as any other social activity that can be taken to the extreme of causing physical and psychological harm. They view these sites, not as promoting these conditions in a positive way, but as a place where individuals can cope with their lives by receiving support from one another ("Pro-mia", 2006).

The Cyberspace face appears to be as secretive as the behaviour of bulimia itself. What I found interesting was that, in one of the websites visited known as 'bluedragonfly', the words of the links that you click on morph and change when you move your cursor over them. It feels as if they are hiding their real names, and it made me curious and seemed to invite me into searching further. One cannot help but notice that this face prefers to get to know you before it will allow you to hear its advice. For example, most of the websites belonging to the Cyberspace face request that you join their group by providing all of your details and they ask that you not join unless you are living with bulimia. It is only after you have answered all of the face's questions, that you are allowed to receive the tips and hints that it provides.

The Cyberspace face contains images of very thin well-known people, hints on hiding bulimia from others and on how to lose weight, advice on foods that are low in calories but increase your metabolism, and chat rooms where people with bulimia can communicate with each other. The words that fall from

the lips of this face include such phrases as ‘Nothing is so bad that losing weight won’t cure’; ‘Nothing tastes as good as thin feels’ or ‘The beauty of Bulimia’ (Tiemeyer, 2006) As open minded as I was attempting to be, I felt as if I was walking around in the dark in these sites, and there exists a certain level of discomfort when engaging with the words. I began to wonder if it was because dominant faces have always told us that these behaviours are wrong, so that when I was confronted with the promotion of it, I felt uncomfortable.

If it can be said that society generally encourages an obsession with body image, then we may be left with people who need support in this obsession. The internet has been referred to as the new miracle drug where people can now look towards one another for encouragement as well. It would appear that there exists an element of support within this face for people living with bulimia (“The Skinny on Thin”, 2006).

This face held a message of mystery for me. Although it openly speaks of, and promotes, the behaviours surrounding bulimia, it too did not provide an answer to my question of how people living with bulimia experience it. The last literary face that I turned to was the Narrative one.

2.10 The Narrative face

The Narrative face refers to its stance on bulimia as ‘The Archive of Resistance’ and uses words such as ‘Anti-bulimia’. From this one feels that the Narrative face does not gaze favourably, as the Cyberspace face does, on the behaviours of bulimia. It seems as if this could involve the belief that bulimia does have a very negative effect on the person’s health. Long term limited nourishment and the use of compensatory techniques, like vomiting and excessive laxative use, can result in enormous physical damage to the body. The most severe of these difficulties include cardiovascular difficulties, electrolyte imbalance, and renal problems (Vredevelt, Newman, Berverly, & Minirth, 1992).

The danger of bulimia also lies in the possibility that it may become life threatening. Individual's frequently put their lives at risk even though they are consciously unaware of it (Farrell, 1995). Laxative abuse can seriously affect the health of the bulimic's body, as it can result in severe dehydration and the depletion of electrolytes, especially potassium (Williamson, 1990). A patient with bulimia may die from a burst oesophagus or as a consequence of a stomach rupture. Laxative abuse and vomiting can disturb the electrolyte balance, which may cause brain damage. It is thought that normal weight bulimics, however, rarely die as a result of their disorder, although they often suffer from severe depression and they may be suicidal, but their eating disorder is less likely to kill them (Farrell, 1995). This is all in an attempt to prevent the possibility of gaining weight. Although bulimia is often present in normal-weight young women, they may occasionally have a record of obesity (Sadock & Sadock, 2003).

The Narrative face explains that bulimic behaviour is a social practice. The documents held in these archives are contributions from many writers, most of which have survived their own resistance to bulimia. The documents are said to inspire people to resist bulimia in their own lives and are referred to as a celebration of anti-bulimic resistance. David Epston (one of the most notable creators of the Narrative face) hopes that the archives of resistance "will operate both under- and above ground to conscientiously object to, resist and repudiate anorexia/bulimia" (Epston, 2000)

He believes that, in being given the means to speak out against bulimia (as an externalised problem), people have resisted against most of the psychiatric and psychological productions of them as 'bulimic'. Externalisation involves viewing the problem as separate from the person. It also allows the person to think about what the problem is. Traditional approaches can be said to internalise the problem by often centering blame at one or both of the parents, label the family as dysfunctional, or find some fault within the person dealing with the eating difficulties (Bruch, 1979; Kerr, Skok, & McLaughlin, 1991; Vredevelt,

Newman, Berverly, & Minirth, 1992). They also rely on the therapist as having expert status. In externalising the problem, rather than internalising it, the shame and guilt, or whatever feelings go along with the problem, can be reduced. Externalisation of the problem also facilitates people discussing it more openly and willingly, and allows for alternatives to the problem to be viewed (White, 1988/9). The problem comes to be seen as something separate from the person, that can be controlled, rather than viewing the problem as something inherent and unavoidable.

In externalising the problem, the client and family can then look at the effect the problem has had on their lives and relationships, and the effect that she or they have had on the life of the problem (White, 1988/9). By looking at the effect they have had on the life or the problem, this face believes that the client and family are able to identify unique moments when the problem was not taking over. Examining their affect on the problem also allows the client and family to experience a sense of "responsibility for the extent to which they participate in the survival of the problem" (White, 1988/9, p.21) and thus a sense of control over it.

The Narrative face feels that the stories written by insiders (people living with bulimia) are far more valuable than the stories written by the people on the outside (White, 1989). “The archive holds the documents of those who have both known and defied such evil and reclaimed their innocence. It remains frighteningly small compared to the evil that abounds” (Epston, 2000). It is a face that also views many of the medical/psychiatric/psychological discourses (or faces) as constructing problems, such as bulimia, as forms of pathology, disease or disorder. It explains that many people search diagnostic criteria in order to tell them who they are, as well as signaling their obedience to a phenomenon such as bulimia. Many women explain that, in doing so, they were aware of becoming a ‘prisoner’. Although the face is interested in the history of how one was lured by the problem, far more interest is taken in the conscientious resistance and denial of what it names the bulimic identity (Epston, 2000).

The Narrative face appears to focus on externalising a phenomenon, such as bulimia, in an attempt to grasp its meaning. The main message in this face was, for me, that each person is the expert within their own world and it is their individual narratives that can weave a story of the meaning of living with bulimia in their own lives. This ties in with my choice of the narrative methodology that I chose to carry out my research with.

In this chapter I have looked at five faces of bulimia. The Psychopathology face focuses of what bulimia looks like, while the Psychoanalytic face speaks of where bulimia comes from. The Cognitive-behavioural face, true to it's name, highlights the thoughts surrounding bulimia, while the Cyberspace face seems to know bulimia well and the Narrative face takes a resistive stance in separating bulimia from the person and advocating overcoming it. In the next chapter I shall be describing my research methodology.

Chapter 3:
Research Methodology

Although the literature review in my previous chapter shed some light on the meanings attached to bulimia in each of the five faces, it fell short in answering my research question about the personal experience of living with bulimia. I therefore turn to the narratives told by women who themselves live with bulimia. In order to do this, I need to address the research methodology in this chapter. My research takes shape in two contexts namely the academic context of the University of Pretoria (UP), of which I am a part, and the organisational context of Crescent Clinic, of which my participants are a part. I cannot stand alone and separate from that which I am researching, my academic context therefore will affect and, in turn be affected, by the organisational context in which I immerse myself in order to gather my data. This chapter will also discuss who the participants of this research are; which research methodology forms its backbone; what has added to the quality of the research; and what ethical concerns were held in mind throughout the process.

3.1 Context

3.1.1 Academic Context

I am presently a MA Counselling Psychology student completing my degree at UP. Part of my master's degree involves completing a research project. I have undertaken this research in an attempt to understand the different meanings attached to the phenomenon of bulimia. UP's mission is to be an internationally recognised teaching and research university, as well as a member of the international community of scholarly institutions. The University also strives to promote equity, to contribute to quality of life in South Africa, and to be actively involved in community development and service. It also hopes to create a stimulating, culturally vibrant and safe environment for its students and staff, and is committed to effective and efficient approaches to teaching, research and community service (Pistorius, 2005).

I am a Psychology Masters student and my research forms part of my MA Counselling Psychology degree which is offered through the Psychology department at UP. The courses offered by the Psychology Department aims to train students both academically and in the application of their skills in practice. This department not only aims to introduce the student to the study of people, but also aims at aid students in understanding human behaviours from different theoretical perspectives and on various levels (Pistorius, 2005).

In line with the narrative belief that we are all affected by the contexts in which we live, this piece of research and I were both affected by this academic context. It is a context that has been my ally for many years and has assisted me in moving into other contexts (in order to research) which may have otherwise been unreachable. However, the academic context also affects the specific format of this research because it shapes how a dissertation should appear. It also indicates that it should fit into a specific methodology; referencing of other faces, within the text, needs to take the very specific form of APA referencing or else the work is judged as unsatisfactory; and the research narrative needs to be told in academic language. At times it felt as if I was attempting to fit a stubborn piece of play dough into a very definite shape and it was frustrating. This was only overcome by attempting to fit into this mould as much as possible so the this research could be accepted.

3.1.2 Organisational Context

The research was conducted with participants who were contacted through Crescent Clinic, a psychiatric unit situated in Claremont Medical Village in Cape Town. The Clinic specialises in the treatment of depression, chemical dependency, eating disorders, anxiety and panic disorders, trauma and post-traumatic stress disorders (Crescent Clinic, n.d.).

It is subdivided into units and this research took place in the Eating Disorders Unit or EDU. The environment offers a tranquil therapeutic feel and includes professional and caring staff who are dedicated to recovery and personal change. Included in this are in-patient, and out-patient, treatment programmes that involve a range of professional staff including clinical psychologists, occupational therapists, psychiatric nurses and counsellors. It claims to use modern methods that have been established to offer complete care for a wide range of psychological suffering. Their approach is a holistic one which caters for the psychological, physical and medical aspects of each patient in its care (Crescent Clinic, n.d.).

The organisational context also affected the research as it had to fit into this context. For instance appointments needed to be made, permission needed to be obtained from the Head of the Eating Disorders Unit, and the interviews needed to be at a time when the participants were available. The organisational context allowed for the smooth running of interviews and the gathering of data.

3.2 Participants

3.2.1 The Interviewed participants

The participants of this research are, firstly, the five dominant faces existing in literature concerning bulimia. That is the Psychopathology face, the Psychoanalytic face, the Cognitive-behavioural face, the Cyberspace face, and the Narrative face. These faces are considered to be dominant because they house most of the information available today on the topic of bulimia. The faces of two women formed the second participants of this research. These women were contacted through Crescent Clinic and have been diagnosed, by the Psychopathology face of psychologists at the clinic, as living with bulimia.

3.2.2 The researcher

I, the researcher, am also a participant in this research. My training in the research field has formed a part of the psychology pathway that I have been walking on for years. This path began in my undergraduate studies for my Bachelor of Arts degree where I trained in research and wrote short research papers. It is a path that continued to meander through my Honours degree where I was trained in research design and analysis, and wrote a short dissertation project informed by the quantitative face of research. I now find myself on the Masters Degree path, where I have been informed by the qualitative research of Narrative methodology, and this has led me on to this research project about the different faces of bulimia.

I am part of a collaborative process, with the faces I have looked upon, exploring the meanings behind each of the faces of bulimia. I realise that I am a woman with my own discourse, about weight and body shape, and that this has helped form my own opinion on the matter. In areas where this possibly may have influenced the analysis of the data I have indicated that my own face may be influencing the words that I write. In this way I have tried to make my effect on the analysis transparent by including the possibility of my own history affecting the words that I write.

3.2.3 The supervisor

My research has also been affected by the face of my supervisor Dr. Lourens Human. Dr. Human forms part of the academic context of the University of Pretoria, of which I am also a part. He has been the face of my course co-ordinator throughout my Masters training and specialises in the Narrative methodology face. He himself has written research reports and papers using this methodology and has, through this, been able to guide me through the analysis of the faces that I have looked upon.

3.3 Position

3.3.1 Narrative Methodology

I have chosen the qualitative position of narrative theory to carry out my research. The use of narrative methodology "results in unique and rich data that cannot be obtained from experiments, questionnaires, or observations" (Lieblich, Tuvanl-Mashiach & Zilber, p 9, 1998). I have chosen this position because it allows space for people to tell their stories which, in turn, help them to make sense of their lives. Narrative psychology focuses on the stories that people construct in interaction with the world around them. Narrative research refers to any study that draws on or analyses narrative materials and is interested in the experiences of people within their social contexts (White & Epston, 1990). This research seeks to discover the meaning of bulimia in the lives of women, for this reason I was comfortable employing the narrative approach as it is one that focuses on experience and meaning.

3.3.2 Experience

A central component of the narrative view is that people's beliefs, social customs, everything that makes up their reality, are borne out of their social interaction over time (Freedman & Combs, 1996). That is, through their culture and through time. It is through our senses that we, every day, experience the life around us as well as how we interact with, and come to understand, the world. These are a variety of experiences and are not, therefore, something that we experience in isolation. They are negotiated and constructed through time and in interaction with one another. Furthermore we construct, and come to understand our identities, through our experience of life (White & Epston, 1990; White, 2000). Furthermore, it is these experiences that we refer to in our narratives. According to the narrative approach, narratives impersonate life and provide an inner reality to the outside world. They also characterise and create the narrator's personality and reality. We discover ourselves, and reveal ourselves, by the stories we tell (Lieblich et al, 1998).

3.3.3 Experience and Narrative

We do not have direct access to experience; only to the way people talk and write about their experience (Riessman, 1993). Narratives can then be understood to be ways in which we shape our experience of our lives and our selves, and through narratives such experiences are made meaningful. Narratives are created in an interactional manner, as they are negotiated in the social sphere, and thereby construct experience (White, 1995). These narratives are not usually neutral as they are told from the position of the person as the narrator (Zimmerman & Dickerson, 1994). People will choose to construct their stories in different ways relying on their experience and the culture that they are born out of. That is, the meanings of each face of this research, including that of the two women, are constructed through an understanding of the history of bulimia and the knowledge on the subject that is present today.

3.3.4 Experience, Narrative and History

The narrator of a story will draw on their past experience in their narrative, that is, they will rely on their memory in the telling of a narrative (White & Epston, 1990). For instance, if a woman received a diagnosis of bulimia from the Psychopathology face, it is likely that the way she narrates her experience will be constructed using metaphors from this viewpoint. The experience she has had with bulimia may be influenced from the perspective of this face. Their narratives, therefore, are affected by faces that have gone before and are present today, that inform them on the meaning of bulimia. These faces, in turn, also affect how they view the meaning of bulimia in the future.

Our culture and social realities form both a part of our history and of our present time. In other words we experience ourselves in the present time, but with a memory of the past and certain feelings towards the future. A narrative, in a way, links our lived experiences of the past with the future imagined

experiences. These are linked in our experiences and thoughts that we have in the present time. A present narrative can then be thought of as a construction of an experience, and not the expression of an experience (Ochs, 1997). Narratives also work to shape our experiences and, therefore, the narratives we construct about our lives.

3.3.5 Experience, Narrative and Culture

It has already been alluded to that we are part of a wider culture. Social constructionism explores the construction of realities. These are created by people within a culture made up of the beliefs, values, institutions, customs, labels, laws and the like (Freedman & Combs, 1996). The narratives around these lead to the formation of a normative view which reflects the dominant culture's truths. People then come to know, and to judge themselves, through these truths (Zimmerman & Dickerson, 1994). Our experience is affected by the narratives that have come before us and inform us of our identities. When a person narrates a story, the culture in which their experience is embedded will deeply influence and shape their narrative (White & Epston, 1990).

For example although eating disorders, such as bulimia, are generally thought to be characteristic of modern society, there is evidence to suggest that it existed during ancient and medieval times. Egyptians, in ancient times, believed that food was a principal etiological factor in disease and, therefore, intentionally purged on a monthly basis; during the Middle Ages many young women, motivated by religious belief, engaged in rigorous fasts, surviving by eating only little portions of food with just enough nutritional value to maintain life (Crowther, Tenenbaum, Hobfall & Stephens, 1992). The faces explored in this research will also narrate a story of bulimia that takes into account the history of bulimia that has gone before. Narrative seeks to explore the meanings that have been gained through the faces of different narratives that we have come across.

3.4. Data

In accordance with most narrative studies, the research sample will be smaller (the five faces, and the stories of two women) than the sample size gathered in more traditional research. However, a large quantity of data is gathered. The transcription of a single case study may be based on many hours of interviewing and transcribing. No two faces will be the same and "the uniqueness of narrative is manifested in extremely rich data" (Lieblich et al, p. 9, 1998). It is not a research method that seeks out one true answer, but rather looks at varying perspectives through time (White & Epston, 1990).

According to Riessman (1993) there are five kinds of representation in the research process: attending, telling, transcribing, analyzing and reading. She emphasises that the boundaries between these are permeable. These levels will be used to collect and interpret the data gathered from all five faces of bulimia, as well as from the personal stories of the women.

3.4.1 Attending

Attending according to Reissman (1993) has to do with you as the researcher becoming aware of experience as the focus of research. This means that one has a choice in what they notice about certain phenomena. For example, only the story of how the meaning of bulimia is constructed in these faces will be noted for the purpose of this research. Another researcher may notice and research something different about the phenomenon. I have chosen to focus on how women attribute meaning to their experience of living with bulimia.

3.4.2 Telling

As a researcher you allow the participants to tell their stories (Reissman, 1993). These narratives were captured in interviews with two women living with bulimia as a part of their lives. These interviews began with the question "What

meaning does bulimia hold in your own life?" and they were audio-recorded. Narrative analysis differs from this traditional viewpoint in that it understands language as being more than a tool that creates meaning. That is that people tell their stories and they construct narratives that are interpretive and filled with assumptions. Narratives are ultimately self-representations. For this reason, my own story in this research will be an authored one affected by my own narrative, and it is up to the reader to create his or her own interpretation from this narrative. In effect, telling a story begins a continually interpretive process (Reissman, 1993).

3.4.3 Transcribing

Transcribing is the third level of representation. As a researcher you write down the captured story in order to analyse it (Reissman, 1993). As the transparency of language (at least in research) has come into question, it is believed that the way one chooses to transcribe such data is very important. If one chooses to, for example, exclude pauses and emphases it may be argued that much of the message of the narrative itself is lost (Riessman, 1993). For this reason, the women's stories will be transcribed in as much detail as transcription allows, including pauses. I believe that there is as much of a message in these as there is in words. It is true that, in transcribing, not every ounce of the women's meaning can be conveyed, but attempts can be made to transcribe as much of the unspoken as the spoken.

The Internet will also be used as a research tool in this project. This can be done in two ways. The researcher can choose to study the tool itself and the social exchanges given by this tool, or they may use the tool to assist in the research project (Markham, in Searle et al, 2004). For this research, the internet will be used in both these ways. In searching for, and attempting to understand, the Pro-mia face (which exists in the websites it inhabits), I am attempting to study the internet as a tool and the social exchanges that it prompts. Many people living with bulimia use this face to introduce them to others living with bulimia and, therefore, social exchanges are born.

3.4.4. Analysing

The fourth level of Riessman's (1993) levels of representation is the analysing of the data. The analysis of this research will be done in line with the Narrative research methodology. The main goal of this analysis is to attempt to understand something of the narratives of the participants and how they have employed history and culture in constructing this narrative. As I am focusing on the meaning of bulimia, this will determine what is focused on in the analysis level. The analysis will be carried out in the form of letters to bulimia, and will focus on the language that each woman uses to construct the face of bulimia in their own lives.

3.4.5 Reading

I, as the researcher, read and re-read, the pages of both the interview transcripts and of the literature in an attempt to make sense of it. The reading and re-writing allows for others to read and evaluate the research for themselves. The narrative analysis forming part of this research does not claim to be a method, but a way of reading the text. According to Riessman "meaning is fluid and contextual, not fixed and universal" (p. 15, 1993). Meaning, after all, arises out of the communication between people. For this same reason, there cannot be any truly objective stance. If one sits in a history class, one listens to merely a perspective on certain happenings. The elusive 'truth', of which much research speaks, can only be a representation (Riessman, 1993). Therefore, the interpretation of research should be a continual process, from the researcher's interpretation, to the interpretations of the readers of its story in the future. These will go on forever. This research does not claim, therefore, to find one truth, but to hold a narrative that people can draw their own conclusions from. This adds to its quality.

3.5. Quality

3.5.1 Supervision

With regards to Narrative methodology, no strict rules or methods exist to guide the analysis of this type of research, wherever possible, space has been made to enhance the quality of the research process. This has been done in the form of two types of supervision. Firstly, through collaboration with the face of my research supervisor, Dr. Lourens Human, and secondly through supervision and partnership with the faces of my peers, who are also undertaking research guided by Narrative methodology.

Stiles (1993) speaks of enhancing the quality in this type of research. He feels that quality involves reliability and validity. Reliability is associated with the trustworthiness of the observations or the data collected, while validity refers to the trustworthiness of the interpretations and analysis that the researcher draws from the data. Trustworthiness, in the form of reliability and validity, can further be enhanced, according to Elliot, Fischer & Rennie (1999) by being aware of your own perspective as researcher, and highlighting the times where your own face shows up in, and comments on, the words of the research. Using examples of the data where appropriate to corroborate messages drawn from it, as well as receiving supervision throughout the analysis, from supervisors and peers, further enhances trustworthiness of the research. Every attempt has been made, throughout this research process, to increase the trustworthiness of which both authors speak, and it is believed that this contributes to its quality.

3.6 Ethics

According to Ryen (in Searle, Gobo, Jaber & Silverman, 2004) there are three main issues in Western ethical research discourse that are raised regarding ethics. These are codes and consent, confidentiality, and trust. Codes and consent refers to ‘informed consent’, that is that research participants have rights

regarding the knowledge that they are being researched; also about the nature of the research, and that they can withdraw at any time. For this research, informed consent was gathered from the women participating in the research in the form of consent letters.

The second ethical issue refers to confidentiality. As a researcher, I am obligated to protect the participant's identities (Searle et al, 2004). The participant's confidentiality was enhanced by the fact that only audiotapes will be used to record their interviews, so their faces will not be held on record. Also, none of their names will be used in the body of the work either.

The third ethical issue of which Ryen speaks is trust. Trust refers to the relationship that ultimately exists between the researcher and the participants. It also involves the researcher being respectful to the research field being examined, and that they will not ruin the field for future researchers by making participants unwilling to partake in any form of research again. All three ethical issues are, in fact, closely tied to one another when one considers the importance of trust for, without it, there would be no room for informed consent nor confidentiality (Searle et al, 2004).

With regards to the use of internet websites as one of the faces being explored in this paper, Ryen believes that online research introduces new ethical challenges (in Searle et al, 2004). Although this does seem to apply more to research subjects that are contacted over email. It, however, leads to questions regarding confidentiality. After all, these websites (as faces) do not provide their informed consent for being researched. However, in the websites where you need to be bulimic in order to fully access them, I never over-stepped that confidentiality line and entered them. I have only used the information that is freely available on the web pages that one finds when entering "pro-mia" into a web search engine. In this way, I believe that it is as ethical to research this face as it is to research the other faces that exist in books and journals (as well as on other web pages).

Denzin and Lincoln (in Lieblich, Tuval-Mashiach & Zilber, 1998) assert that the field of qualitative research is “defined by a series of tensions, contradictions and hesitations” (p 8). The core of these tensions is the nature of “truth”, “knowledge”, and “research”. Against these post-modern views one may still discover, in existing perceptions that examine the story, demonstrations of internal and external reality. Narratives (in narrative research) are not taken at face value, as absolute and exact representations of reality. Life stories are subjective, when properly used they may present researchers with a way to discover identity and understanding.

In an interview, the story provided is, after all, but one occasion in the life story. The life story can, for two reasons, never be fully contacted in research. Firstly, because the life story grows and varies through time. A text is like a single photograph of the ever changing identity. Secondly, each story’s narration is affected by the context within which it is told; hence the particular life story is one illustration of the possible presentations of people’s selves and lives (Lieblich et al, 1998). This research paper agrees with this belief that by learning about and understanding self-narratives, the researcher can enter, not only the individual identity and its structures of meaning, but also the narrator’s culture and social world (Lieblich et al, 1998). This report’s aim is not to discover a universal truth as such, but more a universal truth for each individual (and face) that it documents. That is, the meaning they attach to their experiences. This research does not claim to be discovering an ultimate truth, but to be discovering some alternative stories surrounding bulimia.

This chapter has explored the research methodology employed in this report. The next chapter will deal with the analysis of both C and L’s narratives about bulimia in their own lives.

Chapter 4
Results

4.1 Findings

I had moved through the five dominant literary faces of bulimia and found myself needing to hear personal accounts of who or what bulimia is and what it means to live with it. I did this in the form of interviews with two women, known as C and L[5], who have lived with bulimia. In the interviews they constructed a narrative about bulimia in their own lives. What struck me most after transcribing these interviews was how both women held different discourses on what was meant by the words "disorder" and "order". Their stories speak of paradoxes relating to these, for example of good and bad, secret and public, illusion and contradiction. What follows is a look into the face of bulimia in these women's lives. The analysis will take the form of questions and letters addressed to bulimia. Each woman's narrative is included separately here.

4.2 C's narrative

4.2.1 The backstabbing friend

Dear Bulimia,

I met with C the other day to find out about you in her life. I heard her speak of you as a friend, one that was both good and bad. I was surprised to hear her describe you as her "best friend" (line 2). Perhaps I felt surprised because I live in a culture that has made me believe that you can only be understood as something bad or wrong. She also describes your relationship with her as being an "intimate" one (line 3). The word intimate makes me think that it was extremely personal, to the exclusion of others, secretive, and good.

1 [bulimia]…it's had a *huge* impact on my life meaning as it has never allowed me to continue with

[5] For confidentiality purposes, the participants will only be referred to by the first letter of their names.

my life, it's held me back. And then again, at the same time, it has been like my best friend and like, I mean it has been something so intimate and so there with me, pushing me, making me… driving me more, and so it has very mixed meanings. It's kind of vague…it's really disrupted my life and yet its also been a *huge* influence in a good way for me but I know…you know I *felt* that way until I got really, really sick but it has, ja, it has…a very complicated meaning, um, in my life. I mean that's how you feel, I mean it's *bad* to say that I, I had the bulimia, the eating disorder, was my kind of like friend, and kind of like *thing* that was with me all the time and it controlled me…and as I was saying directed my life and…in a way it was a good thing for me at the time when I was, you know when I didn't realise how much trouble I was really in…but at the same time it's also just messed my life up *completely* and hasn't allowed me to *grow*, and hasn't allowed me to continue with my life the way my friends have and…it's stopped me enjoying life, it's *become* my life, it's become *everything*.

She tells me you kept her company and encouraged her by pushing her and driving her. I saw for an instant the image of a good friend, but her words made me realise that you had another side, held another place in her life. I hear C believe that it is "bad" to describe you as a friend (line 7). This perhaps echoes the reason I was initially surprised to hear you described as her friend in the first place. That somewhere we have all been told, by the other faces that we live with, that you are bad, something to rid ourselves of, in effect a 'disorder'. It's almost as if seeing you in another light, where you helped someone, is so unnatural and against what we are taught to think, that we judge it as wrong.

So I heard about your good side the other day…but I also got a glimpse into the bad side when C speaks of the history of your friendship with her. C speaks of a duality, of you being her friend but also of holding her back (line 2). For me, this implies that somehow you didn't allow her to move from the place where she was standing when you entered her life. Although you were with her all the time, she feels that you controlled her. I imagine it was as if you were making all the decisions and movements for her, and directing her life (line 8 & 9) until she realised that she was in "trouble" (line 9 & 10). It seems as if then she saw that you had "messed" her life up completely (line 11). I'm left wondering if that was your plan all along. To come in disguised as a friendly face but to slowly take over and destroy? As C describes you holding her back (line 2), she also speaks

of you preventing her from growing (line 11). When I think of growing I think of change, of becoming something different, of coming *into* life, but C describes *you* as *becoming* her life. The main message that I received from C was that you were a friend that worked your way so into her life that she feels she cannot continue her life, that you have become everything. I feel that if you have become everything I can't imagine that there is place for much else in her life. It sounds to me as if the two of you are intertwined in each other. It seems as if there was a time where you brought what she thought was order into her life, but you ultimately brought disorder.

Karen

4.2.2 A better person with a ruined life

Dear Bulimia,

I was wondering about C's identity. If it *is* intertwined with you, I wondered what she sees her identity as. In her words, I hear a narrative of confusion and contradiction. In her words, I found her believing that you had made her a better person (line 2). This makes me think that she believed she was a person, before you entered her life, who needed improving:

1 Because, with bulimia you kind of became a better person…or the eating disorder,…you still feel like
2 you're a better person because you it pushes you, that critical self, *pushes* you to *run* 15 kilometres
3 in an hour kind of thing. And it pushes you *not* to eat, and it *pushes* you, and *pushes* you, and your
4 *pushes* you and makes you a *better* person…although it completely ruins your life. It doesn't matter if
5 whole life is falling apart around you, you're being a better person, stronger, more disciplined,
6 willpower. And it's funny, without that you think 'well then what am I?' 'Like am I all that?' 'Am I just
7 as strong without my eating disorder?' Am I just as, you know, a good enough person without my
8 bulimia, without my eating disordered *thoughts*, without my…' So it's, it's *so hard.*

She referred to you as "that critical self" (line 2). I imagine this meaning that you were somehow necessary, urgent. The word "self" again reiterates, for me at least, that you have formed an identity, and that you are *someone* in her life, someone that pushed her, and made her a better person (line 3 & 4). When C

used the word “pushes” repeatedly I felt as if it was a frenzied movement. This made me turn to a dictionary where I found explanations that basically denote some form of movement in the word ‘push’:

“1. to apply steady force to in order to move. 2. to thrust (one’s way) through something. 3. to encourage or urge (a person) to some action, decision.” (Collins, 1993).

If pushing is a form of urging, it seems you urged her into behaviours like running 15 kilometres in an hour (line 2 & 3), and urging her to not eat (line 3), and urging her, and urging her, and urging her to become a better person through you (line 4). It seems as if you were all encompassing in this time, where C was convinced that it did not matter if you were ruining her life, if her life was “falling apart” around her, because you were making her a better person (lines 4 & 5). Her words paint the image of her life as buildings around her falling down, of an area being destroyed, of an invincible woman standing in between it all, with your shadow right behind her. As if she doesn’t care about the destruction but sees only you and what you offer.

I started wondering about being a “better person”, and whether the definition of this person is different for each of us. Also, what informs each of us of what ‘a better person’ means, what picture it holds. For C it seems that being a better person involved being stronger, more disciplined, and having willpower (line 5 & 6). C tells me she does not know “*what”* she is without you (line 6 & 7). When she asks “Like am I all that?” (line 6) I hear her questioning whether being “stronger”’, “more disciplined” and having “willpower” (line 5 & 6) are in fact parts of her, within her, even if you are not around. She asked “Am I just as strong without my eating disorder?” (line 6 & 7). It seems as if she believes you have made her a stronger person as well as a better one, and she questions whether she’ll be just as good enough a person without you, without the thoughts that you feed her (line 7 & 8). The message that C conveys to me, using her own words,

is that it is very hard to let you go because she's not sure of who she will be without you and everything that she believes you have given her.

Karen

4.2.3 The public face hides the secret face

Dear Bulimia,

I learned that secrecy forms a large part of your relationship with C. She refers to your relationship with her as both a "special" and "secret" one (line 1), special because it's between the two of you only, and secret because no-one else knows about you. She explains that this is because of feeling ashamed to admit the relationship that she has with food. Again I wonder about the culture that she herself lives in, it would seem that it is one that has made her believe that her relationship with you is bad and one that needs to be hidden.

1 …it's just your special, secret relationship with bulimia and with your eating disorder and *no-one*
2 can find out because you are *ashamed* you know? You *are* ashamed to admit that you have a
3 bad relationship, or a really, really messed up relationship with food. …So, and then also
4 *secretly* eating at night, *secretly* throwing up, *secretly* taking laxatives…and then having to put
5 on this other face during the day where it's all strong and together and…I did a *really* good job
6 actually but [*laughs*], but you can only keep up that pretence for so long and then things start
7 to, and then things start to just fall around you and you can't control the bulimia anymore, the
8 eating disorder, it really begins to define and control you in every sense of the word and that's
9 when *secrets* start becoming…more harder to keep because you kind of like trip up over yourself
10 and, you know…so…ja.

She says that her relationship with food (and with you) is "bad" and "messed up" and that secrets serve to hide this relationship (lines 3 & 4). The secrets seem to centre around secretly eating, throwing up and taking laxatives (line 4). I see the Psychopathology face in these words as they describe the behaviours of which this face speaks. I heard C say that all of these behaviours are masked by

another face that she had to put on during the day, one that was “strong and together” (line 5). It would seem, then, that this face was opposite to the face she had on when she was with you. As if, when she was with you, she was not strong and was scattered, not together. The strong and together face was present to protect the secrets from being revealed to everyone else around her. Again, C refers to things falling apart when these secrets could not be kept anymore. It seems as if controlling the secrets went hand in hand with controlling you, because she explains that it was when she lost control of you that the secrets came tumbling out (line 7 & 8). She refers to this happening, also, because she would “trip up over” (line 9 & 10) herself, which to me implies that the secrets were many and keeping them all together and hidden was just too much:

1 Ja, there’s so many and you just, I think, can’t keep up with it and it’s just…and also it leaks
2 into your reality, you know. I mean when it, when the eating disorder becomes *so* much a part
3 of you and it’s no longer at night, and no longer your bulimia in your real life, your bulimia kind
4 of like *seeps into*, you know your real life by your *moods*, and by your *reclusiveness*, and by
5 your…by the way you *behave* with your family and friends, you know people can tell that
6 there’s something wrong. Or the way you aren’t *strong* enough anymore to do the things that
7 you *normally* do and…you know, you’re *aggressive* and, it’s just those kind of things, it’s just
8 something that starts *seeping* out into your reality and into your life.

When C says that the secrets surrounding you “leaked” into her reality (line 1 & 2) I am left with the image of the secrets being contained in something that eventually cannot take the pressure of holding them anymore. I imagine a vessel of some sort that, with the strain of the secrets within it, starts to crack and the secrets begin to leak. Eventually the secrets surrounding your reality could not be kept in one place. When she refers to the secrets as “seeping out” (line 8) into reality I imagine the secrets moving as they would through a material, seeping into parts where they weren’t meant to be. The images of ‘leaking’ and ‘seeping’ also provide me with the message that it was something that C did not have control over, that the secrets were coming out because they could not stay in one place and be hidden anymore.

It seems to me as if her secret relationship with you was one of disorder, while the mask she put on during the day gave the illusion of order. Until the strong and together mask became cracked, she wasn't able to keep wearing it anymore, which meant that she was not able to carry on with the pretence that everything was fine (line 5 & 6). It was then that you became part of her reality, and then that the secret place that you held in her history became a public one. It was then that they became apparent in her behaviour to her family and friends (line 5), in her being reclusive, moody and aggressive (lines 4 & 5). Through this people were alerted to the possibility that something was "wrong" (line 6). The main message for me here was that you were a part of her personal reality all along but, when the secrets became too big to keep, you became part of her other reality, the one in which she engaged with the rest of the world. It was then that your face was shown to other people, and people were able to meet you.

Karen

4.2.4 A dangerous support

Dear Bulimia,

C spoke about looking at your Cyberspace face and what it meant to her. C refers to this face as "thin-spiration" (line 2), a combination of the two words 'thin' and 'inspiration'. It seems as if your Cyberspace face had the effect of encouraging C (and she believes other women too) in her efforts to be thin. Perhaps C's opinion of this face has changed from what it originally was because she moved from this impression of the face as being inspiring to it comprising of "dangerous, dangerous sites" (line 3). She seems to think that this one of your faces is especially dangerous for young girls (line 3), perhaps because young girls are more impressionable and can be more affected by looking upon it:

1 … [you] get tips of like what…you know, although actually if you *are* eating disordered you

should know it anyway…but it's just like the thin-spiration and it's just, they've got every right to ban it, I think they're *dangerous*, *dangerous* sites…they are. Especially for young girls who, you know, I mean for me it was highly, they're *toxic*! You know and…but they aren't easily accessible these days but there still are, I mean, and if you know how to get into them then they are accessible and…I think they're just *horrible*…they just makes things, ja, they can *really*, *really break* somebody. Someone who might have a *little* eating disorder might become fully fledged…and it's chat rooms and like motivating each other to lose weight you know, it's just…and the stories, it's just *poems* and, they are *so toxic* and *so powerful* and they can really, I mean when you're in that mind of thinking those things…they make so much sense to you, you can't…you don't have the objectivity to look back and say 'okay, that website is so sick'. You don't. Because you're sick yourself.

C now thinks this face is "toxic" (line 4) as if, if you were to touch it, you would immediately be contaminated by it. If this is true, I can imagine it as being something horrible that can, as C describes, "really break somebody" (line 6 & 7). The words 'break somebody' resonate within me, it is a powerful image. To think that your face could break someone, bring them to their knees, ruin them. I feel the familiar chill hearing these words as I did treading through the research of your Cyberspace face. Perhaps this has to do with what C explains about people with a little eating disorder becoming "fully fledged" (line 7 & 8). Perhaps, in walking through your Cyberspace face, there is something in there that reaches out to all of us, makes us uncomfortable, or affects us all differently. That, in each of our own ways, we evaluate ourselves from a physical perspective when engaging with the words of that face. I, too, found myself evaluating my own body image when engaging with the face, and I can imagine being inspired by it to lose weight.

When I hear C speak about an eating disorder becoming 'fully-fledged' (line 8) I'm left with the image of someone who is inexperienced in something (in effect a 'fledgling') becoming fully trained or 'fledged'. Through chat rooms, stories and poems this face motivates people to lose weight (line 8 & 9) and C again describes these as "toxic" and "powerful" (line 9). She tried to explain to me that, when one is in a certain state of mind, this face makes sense, doesn't appear to

be “toxic”, or “sick” because, in that frame of mind, they are also “sick” (line 11 & 12). When you are described in this way, I understand you as an illness. That, when someone lives with you, they are ill or sick.

In these words I hear C speak of the effect of your Cyberspace face on *others*, but I wanted to also tell you about the effect it had on her:

1 …[the website] it was a big part of being a vehicle and promoting my eating disorder, and I can
2 identify with a lot of things that they talk about and I could relate, and I could understand, and
3 I could…I was *there*, you know I knew those girls could have been *me*, I could have been
4 them you know, um. So but it was, compared to everything else, it was not very significant.
5 Maybe while I was in America but it didn’t, I was already well on my way, they just *promoted*
6 and just like *motivated* me even more, but it wasn’t like…you know it wasn’t a *huge* influence,
7 it was just like one of those little things on the side that helped it along.

In line 1 C refers to your Cyberspace face as being a “vehicle” in promoting her eating disorder. This, for me, gives the impression that it was something that carried her along in its promotion of different ways of losing weight. She speaks of being able to “identify with” and “relate“to the words contained in this face (line 2). From what I’ve begun to understand about you in C’s life, it seems as if you isolated her and made her life very secretive. I can only imagine, then, that it was almost a relief, during these times, to find somewhere where she could feel understood and, in turn, understand the words that she was engaging with. She describes this understanding as being “there” in the same situation, that the girls writing on that face could have been her and she could have been them (line 3 & 4). The main message that I receive from C is that your Cyberspace face appears to represent a place of mutual understanding between the people engaging with this face, and I begin to understand that this could be comforting. I think back to the secrets shrouding your relationship with her, and I start to see your Cyberspace face in a different light, as a place where these secrets could be expressed and shared.

I was surprised to hear C say that compared to everything else this face was not a very significant influence on having you in her life (line 4). I begin to wonder if I was surprised because I live in an environment that teaches me you are bad and, when I first encountered your Cyberspace face, I understood it as something terrible and unhealthy because it promoted a life with you. I formed an idea in my mind that it would have a huge influence in inviting you into someone's life purely because it promoted you. But C says that she was "already well on [her] way" (line 5 & 6) which I take to mean that you had already made a mark in her life, but that your Cyberspace face managed to keep her motivated by promoting certain aspects of you. C says your Cyberspace face was not a large influence (line 6), but was just "one of those little things on the side" that helped you along in her life (line 7), that motivated her to stay in her friendship with you.

I realise, while writing this letter, that I expected your Cyberspace face to have a much larger influence on your development in someone's life than C describes. It was my own judgement of the websites as sinister that left me with these feelings of judgement. I feel as if I understand the websites more now as a place of solidarity. Although they have had a negative influence, understanding must also have dwelled there for people to feel motivated to continue on what is judged as a potentially destructive path. Perhaps it can be said that, in this way, your Cyberspace face has also had an effect on me.

Karen

4.2.5 A good and bad education

Dear Bulimia,

After speaking with C, I felt as if I was beginning to understand a little more about your Cyberspace face's influence on her, but I was still left wondering about the media and magazines. It was strange because as this question began to stumble around in my mind, C opened up about her opinion on the matter. The

main message that I received from hearing C speak is that it's not necessarily one magazine or website within her cultural environment that has a negative influence, but it seems there exist many different mediums that encourage people to judge their appearances and, in doing so, perhaps invite you into their life:

1 But I mean these days you don't even need a [web]site, you can just go onto like a celebrity
2 site and look at, like Nicole Ritchie, you can buy *Heat*. You don't *need*…you can just buy
3 *Heat* and look there I mean, that is also a *toxic* magazine. It's *terrible*, I try not to buy it at all
4 anymore because it's just, the articles in there are always around the same things. About
5 skinny celebrities and their weight, and their height, and their BMI's, and it's so…for someone
6 in that frame of mind, when you are so sick or when you still thinking like that. Even when
7 I'm not thinking, it takes one look and I'm like 'shit' you know…sorry [laughs] am I allowed to
8 swear? Um…it's like 'why are they like that and I'm not allowed to?', 'why can't I be like that?',
9 'why aren't they being stopped?', 'how come they're allowed to be like that and here I am
10 sitting in a clinic because…'. You know it's so…it just takes one look at that and it's…it's, if
11 you're still in that kind of thinking you know, you'll want to do everything again to get back to,
12 you know, it's just really sick thinking and that's why I try not to buy *Heat* at all…because I
13 think it's a *really*, *really bad*, *destructive* magazine to read.

C singled out the magazine *Heat* as well as celebrity websites such as Nicole Ritchie's (a thin actress constantly criticised for how low her weight is) (line 2). I do, however, recognise that there *are* other forms that may influence someone's perception of their own body image. C uses the words "toxic" and "terrible" to refer to the magazine and how she tries not to purchase it because its topics mainly centre around thin celebrities, their weights, heights, and their BMI's (line 4 & 5). BMI[6] refers to a person's Body Mass Index which was originally developed to calculate a person's level of obesity using their height and weight (Sadock & Sadock, 2003).

[6] BMI refers to a person's Body Mass Index which was originally developed to calculate a person's level of obesity using their height and weight. It is calculated by dividing weight in kilograms by height in meters squared. There exists a debate about the ideal BMI, it is generally thought that a BMI of 20 to 25kg/m² is a healthy weight, 25 to 27 kg/m² runs an higher risk of being obese, above 27 kg/m² a more increased risk, and a BMI of 30kg/m² carries a greatly increased risk of obesity (Sadock & Sadock, 2003)

It appears as if its use is no longer solely a medical one, but anyone can now use this to calculate and, in effect, judge their own body weight accordingly. I don't know one person who has not hastily calculated their own BMI when coming across it in a textbook, magazine, or in any other form. Perhaps someone else reading this letter will also work out their own BMI now. The point that I take from all of this that the BMI becomes another form with which one judges one's physical appearance and, in most of the instances I've seen with people in my own life, come to judge themselves as unsatisfactory because the BMI labels people as overweight who were formerly content with their weight. I have seen this label then play over and over in their minds and I have watched as these women take on this judgement and make it their own.

What C basically tried to convey to me is that she sees this magazine as always focusing on the same topic – weight. I originally thought that what C meant is that it is in looking at thin celebrities that she judges her own appearance as unsatisfactory. But, as I continued listening, I realised that this was my own voice coming through, my own dissatisfaction with magazines like these that make me judge my own body as lacking when I look at seemingly perfect women in bikinis. But where C holds unhappiness is in two places. One, in the fact that women in these magazines, criticised for being too thin, are "*allowed"* to be this way while she has to be in a clinic changing her behaviour. She questions why they aren't being stopped from trying to be thinner, while she is (line 8 & 9). The second expression of her unhappiness in magazines like these lies in the fact that when she is still in the eating disordered way of thinking, one look at these magazines can make her want to do anything to also get back into really "sick thinking" (line 11 & 12). For her, magazines such as these are really "bad" and "destructive" to read (line 12 & 13).

At the end of this letter I'm left wondering if, like the Cyberspace face, you have other faces in magazines and in media that are perhaps, also, like advertisements that encourage people to invite you into their lives. I am also left

feeling surprised by how different C's reaction was to them, that she felt very thin celebrities were being *allowed* to be that way while she was not, and that these mediums (when she was in a certain way of thinking) encouraged her to practice the behaviours you advocate. I realise that I had assumed that magazines and media would affect us all, as women, in the same manner. I have begun to realise that this is not the case, that although I might judge my body as unsatisfactory when I gaze at seemingly perfect women in magazines, another women will be affected differently by the same pictures. I am reminded that we each take our own meanings from the lives in which we live, and that we cannot assume these meanings to always be the same.

Karen

4.2.6 The unreachable rainbow

Dear Bulimia,

When I spoke to C I came to realise that, as I hold a metaphor of a face for you, she too holds metaphors for you in her own life:

1 Well like the metaphor of an eating disorder and the contradictions. I can't um, you know, I
2 can't think of a metaphor. I used to think of so many metaphors but like… Okay the metaphor
3 I used on Thursday was, um, the whole, the illusion, it's like okay the illusion of, um, when
4 you get to a certain weight, or whatever, then everything will be fine. And the illusion that
5 you're doing good, and the illusion that you're strong and everything, and kind of the
6 metaphor of like, you know, the rainbow, um, and every time you get closer to the rainbow…it
7 moves further, further away. So it's, therefore you keep moving, moving, moving and you
8 can't stop and that kind of thing. And then also, also the contradiction of the fear of being
9 *abandoned* and yet I abandon myself in every possible way you know.

It would appear that, for C, you hold the metaphor of a rainbow; you are a metaphor of "contradiction" (line 1) and "illusion" (line 3). The illusion mainly involves her having one understanding of you and the reality being totally different. The illusion of losing weight, of doing well, of being strong (line 5), when in reality none of this was so. C focused on the illusion of a rainbow, of

how you can never reach the rainbow (lines 6 & 7). Just as she would feel she was reaching a point of happiness, of reaching the rainbow, the goal then seemed even further away. She describes being unable to stop moving towards the rainbow even though she is unable to reach it (line 7 & 8). When I think of a rainbow I think of something beautiful and alluring, I wonder if this is how she initially felt about you, that you looked attractive and inviting but she could never truly reach the beautiful life that you appeared to offer.

You were also a contradiction for C as she speaks of having a fear of being abandoned, perhaps by the people in her life, and perhaps by you, while in reality she feels that she was the one who truly abandoned herself (line 9). I'm reminded of when C spoke of you as a friend in one of my other letters to you. I wonder if this fear of being left is part of the fear of letting you go, as if then she would *truly* be alone. I'm also surprised to hear her say that, in living with you, she has in fact abandoned herself. I'm left feeling as if she abandoned herself for the better life you offered and, upon being unable to reach that illusion, she finds that she has left everything behind, including herself. In her words I feel her loneliness, and I can only imagine that an illusion such as she describes you as, is unable to truly fill that space.

Karen

4.2.7 The controlling friendship

Dear Bulimia,

After writing you my last letter I was left feeling confused, mainly about where therapy fitted in. If C sees you as a friend, I began wondering about how difficult it is to let go of a friend, or to ask them to leave your life. C tried to explain 'letting go' to me:

1 I don't know if you can ever understand how *hard* it is to let go. I'm still battling, that's
2 why…this is my second time here [*laughs*]um…because, it's just, I didn't want to let go and I
3 was too scared of who am I going to become if I'm not running crazily and I'm not…being

4 eating-disordered…who am I going to be? I don't know, you know, what is going to happen if I
5 just allow myself to recover. It's that, it's got *that* hold over you. That compulsion, that
6 obsession.

When C describes letting you go as a "battle" (line 1) I'm left with the image of it being a continual and difficult process. The word 'battle' makes me think of war where two sides fight each other for one victor. C uses the word "still" battling (line 1) and I'm left imagining a feeling of physical pain or anguish, a continual process of trying to overpower you. As this is C's second time in the clinic (line 2), I began to understand that this is a battle she knows well. The first time she was in there, she didn't *want* to let go of you (line 2). I saw, again, that her identity is one that is intertwined with yours. That she fears who she will be if you are not in her life (line 3). Fears, not only of who she will be, but also of what she will do if she is not practising the behaviours that you bring into her life, for example running crazily (line 3). I'm wondering about C's use of the word 'crazily'. I find myself thinking of the word 'crazy' as something frenzied, a release, out of control, a compulsion almost necessary in its craziness (line 3). It seems as if within you she has found a way of 'being', and she questions who she will be if she is "not *being* eating-disordered" (line 3 & 4).

I'm left silenced by C wondering about her life without you, that without you she actually doesn't know who she is going to be (line 3). It would seem as if recovery is something that she has to "allow" herself to do, or to undergo, or to become a part of (line 5). She tried to make me understand the hold you have over her as being obsessive and compulsive (line 5 &6). I imagine obsession and compulsion as binding her to you, almost as if you are a craving and a need. I'm left with the message that, although C has realised the bad influence you have on her, it is an ongoing battle to rid herself of you because you have become a need. At the end of this letter, I'm starting to wonder if you look like an addiction.

Karen

4.2.8 Longing for the addiction

Dear Bulimia,

I hear C speak of wanting to live without you. I was interested to hear C draw on the voice of Narcotics Anonymous (NA) in her recovery. This is obviously something that she has come into contact with in her environment and it is something that she feels can help her in lessening the effect you have had on her life:

So it's like one day at a time, you have to renew your commitment every single day, every minute you know, so ja. That involves reaffirming why you are in recovery, or what you expect to get out of recovery. Like I've made this like 'Just for today' you know the NA have that? And I've made it for myself. Just for today, um, I will engage in, I will not engage in eating disordered behaviour; I will engage in an active recovery and you know; just for today I will stick to my meal plan *completely*; just for today I will *not* exercise more than 40 minutes kind of thing, you know just….just for today I will *love* myself, and care for myself, and look after myself; just for today I will listen to my therapist, and pay attention to what I need to do to make a good recovery. And every day you have to say that, because you can't go 2 or 3 days, I can't go a month, I have to go every single day, I have to like start over, and over just so…you know otherwise…you can lose track really easily.

I receive the image of a mission statement in her words. One that is repeated day to day to reaffirm why recovery is necessary and what she expects to get out of it (line 2 & 3). I am interested in C using the word "recovery". In this word, I see you as an illness or disorder that needs to be healed of. This healing appears to take the form of restating each day the words that C feels are important in this process. These are that she will not engage in the behaviour you advocate; that she will take part in her own recovery; stick to her meal plan; that she will love and care for herself; will pay attention to the voice of her therapist; and pay attention to what she needs for a recovery (lines 4 to 7). I begin to understand that, as in healing an addiction, it is a commitment that is taken every day anew so that one does not lose sight of one's goal (lines 11). I am reminded of my previous letter to you where I wondered whether you could

be likened to an addiction. C speaks of recovering from you as if recovering from a drug addiction. It is in the repetition of these words that she sees her strength to overcome you emerging. I began wondering how she sees you as she enters this healing time:

1 Um, ja but I see bulimia as this far off thing, I feel still very disconnected from it. I don't
2 *identify* that bulimia and me and together. Um, but I know obviously I *am*, or I *have*
3 been but I try, like I can't like, I'm probably not making any sense to you. But, like I say,
4 I can identify with having an eating disorder but bulimia is just…I was bulimic but it's
5 just, I feel disconnected from that label…as…but now that I'm recovering from it I know
6 more about it. It's more I can overcome it, I know I can it's just this *thing* to overcome
7 whereas before I was so *immersed* in it that it was me, and it was a huge *blanket over*
8 me and it was…everything and I never knew anything. I knew what I was doing was
9 wrong, but I *did not* care. It just *engulfed* me, like you're *completely immersed* in it.

It seems as if this time of letting you go and living without you, is a confusing one for C. She does not feel connected to you and does not see the two of you as something that is grouped together, but then says that she knows she is, or at least has been, connected to you at some point (line 2). In wondering whether she is making sense to me, I hear her confusion about you (lines 2 & 3). She explains that she can identify with the words 'eating disorder' but that she feels disconnected from the label of bulimia (line 5). In referring to your name as a 'label' I see the Psychopathology face again emerging. I feel that face has named or labelled you as bulimia, and it is this name that she is uncomfortable attaching herself to, perhaps because of all the meanings that the Psychopathology face brings along with it. This meaning could be said to convey that she herself is 'disordered', and this is not something that she is comfortable with.

What is interesting for me is that she, in previous letters, has connected herself with the behaviours that surround your existence, but she appears to feel there are negative connotations connected to this label and she is uncomfortable with naming herself as 'bulimic'. I think about people, in my life, questioning me on

the topic of my thesis. By merely saying the word 'bulimia' people understand it in the way that the Psychopathology face has explained it, that is as something negative. The dominance of the Psychopathology face surrounding your existence is thereby reinforced for me.

C told me that, in learning more about you, she feels that you are something that she can overcome, that she is able to separate you as a "thing to overcome" (line 6). The word 'thing' reiterates this disconnectedness or detachment that she feels with you. This appears to be a different state of mind to the one she held before, when living with you. In that time you were something that she was "immersed" in to such an extent that you actually "*were"* her (line 7). Being immersed in you provides me with the message that she was unable to truly see you, until she was able to step back from this immersion and truly look into your face. In the immersion she feels that you were like a "blanket" (line 7) over her that, in effect, blocked her off from even seeing that you engulfed and immersed her within yourself. In this place she never knew anything about you. She expresses knowing that living with you was wrong, but that it did not matter because you so "engulfed" her (line 9). Engulfment makes me believe that you had more control, that she was unable to stop you from taking over and covering her. I think about how hard it is to be able to understand any situation without being able to step back and view it from afar. I wonder if, in feeling "disconnected" from you (line 1), she has found the space she needs in order to see you in your entirety, to understand you and to eventually overcome you.

Within her confusion one message becomes clear to me. That she judges the life you offer as wrong, that she feels further away from this life than she did before, and it is in this distance that she hopes to find the strength to "overcome" you (line 6).

Karen

4.3 L's narrative

4.3.1 A second class eating disorder

Dear Bulimia,

I have already written to you about my meetings with C and the meaning that she feels you have held in her life. I sometimes sit and wonder what you would write back to me, what your response to all of this would be. But then I feel that you are silent, and that you affect someone in a silent way. I needed to hear another face speak of you and the influence you have had on her life. I turned to L and her story of you. L refers to you as "the second class eating disorder" (line 1 & 2), as if there exists a type of classification system, and you are not at the top of it. This implies for me that you are not as good as what is in first position. L feels that you enter someone's life when they have failed to be anorexic (line 2 & 3):

1 I don't know it seems crazy but it's almost as if bulimia's, sort of, the second class eating
2 disorder. It's like…if you can't…it's like anorexia is the perfection and then bulimic's when you
3 fail to be anorexic. So Grade 9 was sort of my anorexic period where I was able to starve
4 myself for days on end and…I mean I was still bulimic, at that time I had planned binges and
5 purges but I had a lot of self-control back then and…a lot of self-will, I mean I could
6 control…my intake of food and…I managed to reduce my weight quite a lot.

It would appear that L is offering two definitions here. One, of anorexic thinking existing when she is able to control her food intake in order to lose weight. For her, anorexic thinking encompasses "self-control" and "self-will" (line 5 & 6) and is, in effect, "perfection" (line 2). When anorexic thinking was present in her life, she felt she has able to starve herself "for days on end" (line 3 & 4) and managed to reduce her weight. It's seems as if the anorexic way of being was an ordered way of being. Secondly, she offers up her first definition of you, that is that you consist of "planned binges and purges" (line 4 & 5). The word "planned" gives me the impression that you were thought about, perhaps in a way to make you fit

into the anorexic thinking present at that time in her life, perhaps because you were agonised over.

What was interesting for me was that she said you co-existed with anorexic thinking (line 4). The difference for her, between living with you then and living with you now, was that she felt she had "a lot of self-control back then" and "a lot of self-will" (line 5). Words such as these give me the idea of strength, of being strong enough to withstand something. This could imply that when you, alone, live in her life she feels that she lacks this strength. It's as if you are a second class eating disorder because she sees you as something lacking in strength, will, and control.

I, once again, hear the Psychopathology face's voice here. This face has identified your way of thinking as living with the anorexic way of thinking, and that both ways of thinking may be present in the mind of someone living with you. I am reminded of a diet, that there are times where it seems easier to stay in the diet and eat what it prescribes, and times where it is difficult and other patterns of eating follow. I think of the anorexic thinking as a diet, and you being the failure to follow through with that diet. I think about how disappointed I have been when being unable to stick to a diet, the same way that L describes feeling disappointed in not staying in the anorexic thinking and giving way to you.

Karen

4.3.2 The media as simplistic

Dear Bulimia,

After my last letter, I began wondering where this classification, that L holds, of you as a 'second class' eating disorder came from. L points out that the classification comes mainly from her (line1) but then moves on to a discussion of what the media, and its effect on eating disorders holds for her:

Um, I suppose mainly from myself and then as well from…it feels so clichéd to say the media because I know it's been written in so many places…that's what the *media* influences eating disorders and…I don't really *like* to believe that because I think it makes the eating disorder sound almost stupid like…you look in the magazine, see a thin person and decide to stop eating…it just, it simplifies it too much, it makes it, like the explanation. …I say it's got a lot more to do with a person's personality and their home life and…their own insecurities. And, sort of, that's just *one* aspect which they focus on as something that they can focus on, the one thing they can change and control. Their way of reaching out I suppose.

L uses the word 'cliché' to refer to the way that other faces have blamed the media for having such a large influence in the development of you and other "eating disorders" (lines 1 to 3). L feels that blaming the media for encouraging you to live in people's lives just "simplifies it too much" (line 4). This provides me with the message that the actual reasonings behind your existence are a lot more complex. L says she does not "really like to believe" that "you look in the magazine, see a thin person and decide to stop eating" (lines 4 & 5). For her this makes you sound "stupid" (line 4), perhaps meaning that it serves to trivialise the actual seriousness of your existence, but also because this does not include the real reasons that you entered someone's life.

For L it is more complex and she tries to explain that you have more to do with a person's "personality", "home life" and "insecurities" (line 6). When L speaks of it as being only "one aspect" that they focus on to "change" and "control" (line 7 & 8) I feel she is talking about weight-control here. This provides me with the possibility that other parts of herself or life were not easy to change and control, and so weight is one facet in which an attempt could be made to feel in control. It is interesting to me that she describes this as possibly a way for someone to reach out (line 8), because I hold the idea that you are something that is secret from others and to explain you as a way of reaching out, implies that others will know about you and react.

At the end of this letter I have started to wonder if there are other functions to having you in someone's life, not only the function of trying to lose weight but

also of conveying a message to other people. At the end of this letter, I sit with this question in my mind.

Karen

4.3.3 The punishment

Dear Bulimia,

After my last letter I sat with the possible reasons why you would live in someone's life. L seems to agree that the media is "one aspect" of what may be supporting you (line 3). She sees this as being linked to "public expectations" (line 2), of people thinking they "should" (line 2) look a certain way because of how other people in the public look:

1 Ja, I think people's reasons for it vary greatly. I think the media and wanting to look a certain
2 way because you feel like you *should*…because of public expectations…I think that's
3 definitely one *aspect* of it. But I think it's also…it's about the self-punishment and the self-
4 deprivation. I think if it was harder to be thinner, I mean if it was much easier to lose weight
5 then perhaps…it wouldn't be quite the same…it's so much about how hard it is and how
6 much you hurt yourself to do it…I think that explains it…

I think back to the literary faces that I have looked upon, how each one could be said to explain the reasons why someone would live with you in their life, while perhaps the reasons are actually far more personal and individual. L allows space for a more individual perspective, by believing that each person's reason for living with you varies greatly (line 1).

For L, these individual reasons seem to involve a punishment and deprivation of herself (line 3 & 4). I begin to understand you in a punishing light in L's life. I hear L say that if it were easier to lose weight, the function of you being punishing and depriving would be different (line 4 & 5). If it were easy to lose weight it would no longer be as painful a punishment on her self to struggle with you. For me, this implies that much of the reason you exist in her life is to make

herself suffer, and to deprive or take away something for herself. For her, the explanation of why you dwell in someone's life has to do with how much she hurts herself by having you in her life (lines 5 & 6). I wondered about self-punishment and whether it only ends up punishing L. I'm beginning to see you as having more of a function in L's life. I imagine that you serve to punish her in a number of ways, but I am also realising that you punish other people too:

1 Uh…I think it's definitely self-punishment. And then, in a way, it's almost like in punishes the
2 family as well, like in a way, I think it's not always conscious but now, looking back, I can
3 realise, see how it was. My way of expressing anger as well I suppose…very passively.
4 …Ja, I think, perhaps in both ways…almost now, now even *still* while I'm in recovery and
5 not actively having an eating disorder. If I…if someone makes a comment about my eating
6 and…I react in the wrong way, my immediate reaction will be 'fine, then I won't eat'. And it's
7 almost like punishing myself but it's also I *know* that I will get a reaction out of them because
8 it's going to scare *them.*

It feels as if she has moved positions, from one where she was unable to truly see your affect on other people and perhaps on herself, to a place where she can now realise what having you in her life was doing to herself and others. In L's case, having you in her life has punished her family as well (line 1 & 2). She feels that it was an unconscious punishment but that, now, she is able to look back and "see how it was" (line 3). She hypothesises that you were, for her, perhaps a passive way of expressing her anger (line 3). Passive, for me, means that you were an alternative way to verbalising the anger she was feeling, but that even in your passivity, you allowed her to express this.

It appears as if this passive form of expression still lives in her life. She feels that even while she is in recovery, which for her means "not actively having an eating disorder" (line 4 & 5); she feels she still uses this passive form of expression. She uses the example of when she takes someone's comments, about her eating, "the wrong way" and says that she will express this anger in threatening not to eat (line 6). Through this explanation I begin to reach an understanding of you being both a form of self-punishment, in the act of not eating and nourishing

her own body, and a punishment of others by not eating because this will “scare them” (line 7 & 8).

If I begin to see you as a form of punishment, of self and others, I start to view you from a different perspective. I realise now that I was only seeing *you* as being the one who needed to live in L’s life in order to survive, but it sounds to me as if L also needed you around in order to express her feelings. Perhaps there is a more mutual needing and understanding between the two of you than I originally thought. That perhaps it is not only you that needs L, but that she needs you too, as a form of expression but also of punishment of herself and others.

Karen

4.3.4 Punishing to reach out

Dear Bulimia,

If L speaks of you having the function of passively expressing her anger, I can see how there would be other functions of having you in her life as well. Another function she spoke of was how you helped her to seek attention. Seeking attention seems to be something that L sees in a negative light as she says she does not like to think of herself in that way (line 2). I can identify with this and wonder if there were faces, throughout her life, informing L that attention seeking is not a good quality to possess. For me, parental faces as a child, and psychology textbook faces as an adult, have painted a picture of attention seeking behaviour as being unfavourable. I wonder if this meaning would be different if a label and theories had not been attached to such behaviour. In any event, L believes this behaviour to be negative and explains that it was something that was done “unconsciously” by trying to make people aware of her “in that way” (line 3 & 4):

1 I don’t like to think of it…so I can see in some way, how it’s almost attention seeking. Like I’m

not the kind of person who…I don't like to think of myself as an attention-seeker…but if I look back now it's actually, I can see how…almost unconsciously I was reaching out for the attention by trying to make them aware of me in that way. [*long pause*] I suppose like the whole *purposely* not eating in front of people and *wanting* them to notice that I wasn't eating. [*long pause*]

This awareness seems to centre around her relationship with food, that in "purposefully" not eating, people would notice her (line 5). I wonder here about the type of attention you found. If it was solely around the behaviour of eating, or if people realised the more complex emotions that lay behind the change in L's relationship with food.

This letter voices the second time that L speaks of seeing you differently now to what she did before. The first time was in my letter to you about her becoming conscious of you as both a punishment, of herself and others. In this letter she speaks of becoming conscious of your attention seeking function. I have begun to wonder what it is about *now* that changes her viewpoint of you. I can only hypothesise that it is because she is actively involved in recovery at the clinic, and that certain aspects of you are becoming known to her. I wonder in her words, if there are other faces I am hearing. I wonder, for instance, if the faces of her therapist, dietician and anyone else involved in her process are included in her story. I don't judge this as either positive or negative, only that it reiterates that as we go along in life we write our stories with the help of other faces. Checking into the clinic seems to be something she has actively done to try and rid herself of you, I sit and wonder how you feel about this.

Karen

4.3.5 The good, the bad, and the feeling guilty

Dear Bulimia,

In the position that L now stands in, she sees that in the past it was difficult to understand that you were to blame (line 1). The reason for this seems to be that,

for her, you were something that would make everything "better" and that you were a "comfort" (lines 2 & 3). In L's narrative I hear a story of the physical and emotional; and of the good and bad:

1 Ja, you don't realise that bulimia's to blame. Because the bulimia's the one that's rather going
2 to make it better. Because you do get a release, once you throw up, it's an outlet for your
3 emotion. And it is…it's a comfort…in a way. …it's good *and* bad. I mean there's a good
4 physical side…that feeling of being empty…I mean if you can feel…and you can see the
5 signs that you've got everything up, then just *knowledge* that you've reduced your weight
6 that…there's nothing inside you, that you've been good and all that. And then…there's the
7 bad side as well, I mean you *will* feel sick and…you're going to start, in a while, start feeling
8 physically hungry again and…having to ignore that. And also, I mean, the first few times, in
9 recovery, that you slip up…is…the guilt…that's not nice. Ja, the relapsing. I had a very
10 difficult time. I feel *extremely* guilty…for *anything*…ja…it's very difficult…bad conscience.

For me it is as if her emotions were so bottled up within her, that she was unable to express them in any other way than to practice your behaviours. In throwing up I imagine that she expelled the emotions she could no longer keep inside of her. The story of the physical and emotional is echoed in her words of throwing up physically. L describes the act of throwing up as an outlet for her emotion, a "release" (line 2). I therefore see the purging as an emotional release, but it was also in the knowledge that she had rid herself of any food in her body and reduced her weight, that she found an emotional comfort. This may represent the good side of you in her story.

However, L explains that you also own a bad side. The feelings of sickness, the feelings of hunger that will inevitably come again, and the feelings of guilt that dwell in her mind when she "slips up" in recovery (lines 8 & 9) all represent, for her, a bad side of you. I assume that slipping up involves practising your behaviours of bingeing and purging when she feels she should be recovering from them. L describes herself as having a "bad conscience" and that she feels "extremely guilty for anything" (line 10). I can imagine that this must also feel like a self-punishment, so that even when she attempts to rid herself of the cyclic

behaviour of bingeing and purging, in effect of *you*, she feels guilt if she is not able to do this.

The Psychoanalytic face speaks of individuals who are involved in the cycle of bingeing and purging, as also being involved in a cyclic way of being in their lives, I hear this reflected here. I'm left with the image of L also being involved in a cyclic way of being. Like the cyclic bingeing and purging that you exist in, she is involved in a continual attempt to rid herself of you and your punishment. The punishment, however, recurs in the guilt she feels when she 'slips up' or is unable to stay away from these behaviours. It feels like it's a continual cycle that I can imagine is very difficult to break free from.

Karen

4.3.6 The controlling friend

Dear Bulimia,

L feels that you are both a good and bad friend. Good because, once she gave you the attention you needed, you gave her what she needed (lines 3 & 4). What she needed from you seems to have been attention and results with regards to her losing weight. These results she received when she practised your behaviours properly (line 5). It seems, however, that the good she received from your friendship came at a price because you were "all-controlling" and "all-consuming" in your want of her "full and constant attention" (lines 1 & 2).

1 It's both a good and a bad friendship I think. Because it's very all-controlling, it's very all-
2 consuming, it does…I mean it wants full and constant attention. But also…once you give it
3 the attention it's…I don't know how to describe it…it's very much, it gives you what you *need*
4 back. Ja, it helps you when you need it, it gives you the attention you need and
5 when…when you do it properly, you get the results that you want.

It sounds as though you were a demanding friend, who wanted to take all her attention away from everything else in her world.

Because that…I think the best thing about the friendship was that it becomes this big secret that only you and your eating disorder *knows* and, as it becomes more and more a part of your life it's sort of…it becomes that your life is only between you and your eating disorder and everyone else is blocked out because they're not a part of that. Your life basically will centre around the eating disorder. So that friendship will become everything to you basically. The more you break that secrecy and let someone in and share the way you're feeling that's almost like…chipping away at the friendship.

I understand your relationship with her as housing many of the emotions that she could not express to the outside world, I wonder if this added to your allure. As if, with you, she was able to truly be and not have to put up any form of pretence, and this was perhaps why your friendship, for her, was such a good one. L provides me with an understanding of the secrecy surrounding you and her as being the "best thing about the friendship" (line 1). It seems that this secrecy then led to everyone else being "blocked out" because they did not know about the secret. It is something that only the two of you knew about and, in this way, you became more and more a part of her life (line 2 & 3). It seems as if her life adapted to surround you, and that your friendship with her became everything (line 4 & 5).

I'm wondering how everyone else being "blocked out" (line 4) felt for L. In her describing the secrecy as the best part of the friendship, it seems as if the turning away from her world, towards you, was a good thing for her. Perhaps it was good to be totally absorbed in something else other than her reality. It seems as if this was a time of not talking to anyone else about her thoughts and of only focusing on you. When she speaks about letting someone else in and expressing herself to them, this then chips away at your friendship with her (lines 6 & 7). The words 'chipping away' make me think that your friendship was made out of something quite solid, that it cannot easily be broken. Like a stone or cement, can only be chipped away at slowly in order to break it. The image of breaking is further enhanced by the way that L describes speaking to other people and allowing others in, as breaking the secrecy surrounding your friendship (line 6). It

seems that not only was your relationship a secret, but it was also a strong one that can only slowly be broken by L opening up to people other than only you.

Karen

4.3.7 Nice from far, but far from nice

Dear Bulimia,

L refers to your face in her life and how it looks different now to how it once looked. It seems as if there was a time, perhaps when you first entered her life, where L saw your face as "pretty" and "appealing" (line 1). The word 'pretty' provides me with a feminine idea of you. I realise that I've never wondered if you have a gender, or if it's possible for you to have a different gender in different lives. It may be said that L saw you in a female light because the word 'pretty' is usually associated with something feminine. Perhaps this is my own discourse entering here but, in any event, I understand that your face was attractive and tempting to her, that she was encouraged to walk closer, and to get to know you:

1 …it's definitely not as pretty as it once was, not as appealing. It's almost like one of those
2 faces that if you look at it from really far away it seems really beautiful and amazing, but as
3 soon as you look at it up close you start noticing the flaws and…the hidden meanings.

In L's description of seeing your face differently the closer she got to it, I am reminded of an old saying 'nice from far, but far from nice'. I've always understood this saying as meaning that something looks nice from far away but, upon coming closer to it, it is actually not pretty, or beautiful, or alluring. L draws a picture of your face up close as being filled with "flaws" and "hidden meanings" (line 3). Your face seems to have hidden some true form of yourself that wasn't attractive:

1 Um…I think just seeing the sort of destruction and havoc it causes. And just seeing how empty
2 and unhappy having an eating disorder really does make your life and…at the end of the day you
3 *don't* really get out of it. I mean the practices don't work…there's no lasting weight-loss and…it's

4 just unnecessary mind games. [*Long pause*] And I suppose it also, the *less* you give in to it…the
5 weaker it becomes as well and…when you get used to the consequences and…and ja I suppose
6 when the consequences seem big enough to not give into it. [*Pause*] And I think also *letting*
7 something else have more power than it.

There is an image in L's words of "seeing" (line 1). Of seeing you in a different way to how she originally saw you. She speaks of seeing the "sort of destruction and havoc" (line 1) you cause; seeing how "empty and unhappy" (lines 1 & 2) having an eating disorder makes her life; and that at the end of the day seeing that she doesn't really "get out of" you (lines 1 to 3). I assume this means that she believes she is *in* you and that getting out of you is something very difficult. She might also mean that she realises that she doesn't get anything out of the behaviours that surround you. Either way whatever you initially appeared to offer, it seems as if you ultimately brought destruction and chaos into her life.

She refers to you existing in "unnecessary mind games" and that your practices ultimately don't help with lasting weight loss (line 3). When L speaks about making you weaker by giving you less than she used to give you (line 4 & 5), I am reminded of a previous letter to you where L spoke of chipping away at your friendship, by opening up her feelings to other people. You seem to grow weaker when she realises that your consequences are not worth her giving in to you anymore (line 6) and when she lets something else have more power than you (line 6 & 7). The word "letting" (line 6) gives me the impression that L feels she has to *allow* other people, or ways of being, into her life in order to rid herself of you. It's almost as if, again, she needs to give up the secrecy of you and engage more with her world, in order to truly ask you to leave her life.

Karen

4.3.8 The other friends

Dear Bulimia,

L spoke to me about the hardest part of having you in her life. I was surprised to hear that it was not *you* that was the hardest part, but actually people's reactions when they met you (lines 1 & 2). For L it seems as if people felt offended that she did not make them aware of you in her life, and that they questioned their own friendships with her because she was not able to open up about you (line 4 to 7). It seems that the worst part of people's reactions centred around understanding, and them not being able to understand her relationship with you (line 3):

1 …the hardest thing about the eating disorder actually hasn't' been the eating disorder itself, it's
2 been other people's reactions, finding out about it. And, ja…um, I think that's a really big
3 thing. People just, I don't know, *don't understand* it. I had terrible problems with friends when
4 it came *out*, just in *not* understanding and *blame* and…just people just being *really* offended
5 that you didn't tell them, not understanding the secret nature of it and, um, taking it really
6 personally, that the friendship couldn't have been a true friendship if you weren't honest
7 enough to tell them you had an eating disorder kind of thing. You know, that was…definitely
8 the worst part of it. …Hmm because it's definitely, the *scariest* thing about telling someone
9 you're bulimic is that they're just going to see it as 'oh it's very disgusting, you throw up'.

I can imagine it must have been hard to first of all deal with the fear of telling people, and then have to deal with them not understanding and, in my opinion, almost attacking her for not telling them. She expresses telling people about you as scary because of a fear that they will be disgusted and only focus on the throwing up aspect of you (lines 9). I asked L about people not understanding, of only focusing on the throwing up as being "very disgusting" (line 9). I wondered what she would prefer people to understand her relationship with you as. It would seem that L would prefer it if people could understand her relationship with you as a "manifestation of feelings" and an "inability" to express herself (line 1 & 2):

1 I think I'd much prefer it if they saw it as the manifestation of feelings and…inability to express
2 myself…and not to see it how it came out.…Hmm, or then just to accept that they don't
3 understand it rather than to just see it as something really stupid and vain. I don't

know, maybe it's just the society we live in, I mean…like people who are obese I mean there's a chance that they overeat, there's a chance that it's for medical reasons but I suppose its…you're *more* likely to assume that they overeat but…giving them the benefit of the doubt that it could be not their fault. And I suppose we're just very critical and perfectionistic. …People, individuals, me, and I suppose society as well.

It seems as if she would prefer it if people would focus more on what is behind the behaviours of her relationship with you, on the emotions that she felt she could only express in this way, and that they would not only "see how it came out" (line 2). The meanings of these words here are two-fold for me. 'How it came out' could refer to the actual act of throwing up and getting those emotions out, and it could also refer to L letting her emotions out by living with an eating disorder. Rather than people questioning her behaviour as "stupid" and "vain" in its attempt to lose weight, she would prefer for them to just accept that they don't understand it (lines 2 & 3). Ultimately to rather admit that they are baffled by it rather than simplifying it as a weight loss technique when there are a lot more emotions behind you.

In calling for understanding, L implements the example of obese people who are also grouped under the classification of eating disordered. She feels that the society we live in may easily assume that they over-eat and judge them accordingly. L calls for the benefit of the doubt to be given by questioning that it may not be their fault, she calls for an understanding of what lies behind eating disorders, rather than a pure judgement of them (lines 4 to 7). It seems as if, for L, it all boils down to understanding and that this may perhaps be lacking in a society that she feels judges too quickly and too harshly. When L refers to "critical" and "perfectionistic" opinions she seems to be referring to those opinions being held by her, individuals and people in society (lines 7 & 8).

I'm left wondering if she, also, judges herself in the same manner. I am also now thinking about our judgements and criticisms as being learnt from other faces around us, like the literary ones forming part of this study and in the faces of different people in our lives. I then begin to think that we are affected, and in turn

affect others, through the faces we see and in the ones that we portray to the world around us. I, for example, was raised in an environment where no attention was put on weight or the perfect body and it was therefore something that did not concern me. As I grew older, however, it became more difficult to ignore the information in my environment that referred to weight and how the perfect body should appear. Therefore, I inevitably came to judge myself in one or another way due to such discourses. As L calls for more understanding, I wonder if this in fact would ever be possible. I begin to wonder how we could call for more understanding, or how we could call for understanding within ourselves to not judge ourselves so harshly.

Karen

Chapter 5
Conclusions & Recommendations

5.1. Conclusions

This research project has formed a large part of the last 3 years of my life and it has held many different meanings for me. It was a journey that began when, as a therapist in sessions during my internship, I had sat dumbfounded in bulimia's presence. In order to feel safe in the knowledge of 'one answer', or face, that would explain bulimia's meaning to me, I had turned to literature. It was then, however, that I was first confronted with the many different faces of bulimia, and so grew my interest in the meaning that each one holds. The result of this interest is this research report.

Choosing the topic of bulimia brought some interesting, and at times unexpected, aspects into my life. From people around me assuming that I myself live with bulimia, to women, perhaps safe in the knowledge of my research, opening up to me about bulimia in their own lives. I must admit that, at some points, it became too much for me, that no matter how hard I tried, I could not escape from the topic. I realised that bulimia, through my thesis, had become my obsession, something that was constantly present in my life, worrying me, tugging at my shirt sleeve, begging to be noticed by becoming involved in my relationships with people. As much as I found women opening up to me about their own ideas about weight and body shape, so did I see women turning away from me, seemingly terrified of that which I was researching. Whatever their reaction, it was interesting to me that merely through my research, bulimia entered and played a part in my life as well.

I do believe that my idea of bulimia has changed as I have walked this research path. Initially it was mysterious and baffling to me, which meant that (as a therapist) I found it overwhelming. I feel as if I stand in a different place now, looking at it from a different perspective, but I will return back to this topic later.

Let me begin by explaining what has felt like an interview process, as I met one-on-one with each face that I searched for. I began with the research question 'How do females experience bulimia as part of their lives?' I chose the five dominant literary faces in an attempt to answer this question because they were the ones whose importance leapt out at me as I walked around libraries, book shops and on the internet. Each face left me with a different image and voice as it moved through my existence and they were sought out in order to grasp the meaning contained in each of them.

I aimed to explore the meanings of the five literary faces in order to see if they had had an impact on the meaning that two women, essentially the sixth and seventh faces of this research, attributed to bulimia in their own lives. In each face I saw a different meaning attached to bulimia, and what follows here is a brief summary of each of these.

The Psychopathology face seems to assume that it knows *what* bulimia looks like. It reminded me of a medical doctor in a white coat as it held a list of symptoms that classified someone as 'bulimic'. I can imagine that, if one is swimming around in confusion and wanting to be told what is wrong with them, this face can be quite comforting in naming what it is that afflicts you. It names the problem 'bulimia nervosa' and decides when someone can be included under this label. In a strange way I also found comfort in this face. I found it comforting to be able to look at a face that has existed for quite some time, and you seem to feel less lonely because it understands the topic that you are grappling with. It did, however, leave me wondering about whether different and individual people can all be grouped under one face in this way. In the end, I felt that it left little room for individual meaning, and mass produced a list of what bulimia *is*.

The Psychoanalytic face looked important to me because of the academic language that surrounded it. I felt as if it was a face that knew, or at least assumed to know, more about me and my history than I myself did. I felt that,

just as the Psychopathology face had named the problem bulimia and held a list of what it *looked* like, the Psychoanalytic face seems to believe that it knows *where* bulimia originates from. It represents, for me, the old face of psychology. I felt it was a face that seemed to knowingly gaze over at me as it tried to fit me into some category. It attaches bulimia to a number of different types of familial conflict and views it as a way of dealing with such problems in your past. I was left feeling, again, as if there was not much room for individuality in people's stories of bulimia. I can understand that bulimia may be a reaction to familial problems, but I felt the face too closely defined what these problems could be.

The Cognitive-behavioural face focused mainly on the thoughts that bulimia brings into a person's life and how to best deal with these. It appears to hold an idea of what these look like and, in effect, thinks that it can *change* bulimia's thoughts. I reached an understanding that it is a face that has experienced great success in minimizing bulimia's visits into someone's life. However, I am left with a similar feeling each time I look into this face. I don't feel that it goes deeply enough into the history of bulimia in a person's life, and I wonder if, in placing so much emphasis on the thoughts surrounding bulimia, it somehow attempts to minimise the real reason for its existence by trying to make people change these thoughts. I do agree that there is great importance in the thoughts that float around bulimia, but rather than trying to change these, I felt a need to ask bulimia why it brings such thoughts along with it.

The Cyberspace face was the most mysterious face of all. I was initially introduced to it through hushed rumours and eventually found it through internet search engines. It is a face that openly speaks of and encourages the behaviour surrounding bulimia, and provides motivation to lose weight. This face was interesting for me because I initially viewed it as something unsatisfactory but then came to see it as a face representing support, in a way, for people living with bulimia. I heard the Cyberspace face speak of the dangers of the behaviour surrounding bulimia and, although it encouraged weight loss in this form, it also

spoke of the way in which bulimia can take over someone's life. For me, the main message contained in this face was that it knows bulimia well. It also believes that a life living with bulimia is not an easy one, and that people should think carefully before inviting it into their lives.

The Narrative face is one that I have come to know, throughout my Masters training, as a non-blaming one that seeks to help people in the re-authoring of problem stories in their lives. For this reason I was surprised to hear strong words such as 'anti' and 'resistance' coming from its mouth and, like all the faces excluding the Cyberspace one, I felt an element of judgement of bulimia and its existence. I began feeling that, although this face listens to the individual stories of people, it gave me the feeling of judging bulimia by seeing it as something which must be resisted. For this reason I sometimes felt it lacked potential understanding of the importance of bulimia in one's life by judging it through words such as 'archive of resistance' and 'anti-bulimia' (see Chapter 2). I began feeling that it is perhaps the judgement of certain behaviours that blinds us to understanding them and their existence. In seeking to understand and accept bulimia as it is, I have found the most change in myself and in being able to collaboratively work with people and the face of bulimia that exists in their lives.

A further attempt to answer my research question, that is "How do females experience bulimia as part of their lives?' was made through the interviewing of two participants. The sixth and seventh face of this research represented the faces of C and L. I am grateful to them for sharing this journey with me.

C's face described to me that bulimia was a friend, but a friend that she was in a continual battle with to rid herself of. I also came to realise that her identity was intertwined with bulimia to such an extent that she stood questioning who she would really be without it because she felt that it made her a stronger person. It was also as if, within bulimia, she had found a way of being and it was

daunting to think of who she would be without it in her life. The Cyberspace face featured in her narrative as she spoke of this face as once being one of support but that, inevitably, it became a toxic one that was bad for her and, she believes, also for other people looking upon it. C spoke of the voice of the media and how strong this was in making her question her own weight comparatively with people in magazines, and how unhappy this made her feel. When she described the behaviour surrounding bulimia I clearly heard the Psychopathology face's list. This face seems to provide a list of what bulimia *looks* like and I clearly heard these words echoed in C's narrative. It was interesting that C spoke of feeling disconnected from the Psychopathology's label of 'bulimia'. It appears as if she does not hold this label in high regard, and does not want to be associated with it. I feel that there is a general discomfort, in people living with bulimia and in those living without it, about the behaviours surrounding the face of bulimia and what it means to be associated with these. That is, to be labelled as bulimic.

L's narrative made me think that bulimia was a second class eating disorder to anorexia. L explained that without bulimia she felt stronger and more in control while, with it in her life, she felt she lost these qualities. She expressed unhappiness in people merely seeing bulimia from the Psychopathology face because this would mean that they only focus on the behaviour that surrounds bulimia. For her, bulimia's meaning lies in one's personality, home life and insecurities. L feels that bulimia's meaning is individual for each person. Bulimia could also serve as a function in one's life, for themselves and for other people around them. This signalled the first time that I began to understand a relationship with bulimia as being a mutual one, a relationship of give and take (however unequally) for each involved. L minimised the media's face on the introduction of bulimia into her life because she felt it trivialised the true seriousness of living with it. For L bulimia is a form of expression that helped her at first but, as she got to know it better, it was no longer attractive or helpful to her.

I saw the face of Psychopathology and the Cyberspace face clearly in the narratives of these women. In referring to bulimia as something externalised from them, I began realising that they saw bulimia in a way that the Narrative face advocates, as something separate from them, and they both storied their descriptions of bulimia in this way. I, however, could not clearly see the Cognitive-behavioural face in their words. I might assume that it was there in them speaking of their different perspectives now on bulimia, how their thoughts around it have changed, but I cannot clearly say that I saw the Cognitive-behavioural face in their words as they did not make reference to it.

I come to the end of my research project here and sit with the question "well, what did I conclude?" This has not been a traditional piece of research searching for one definite answer, but rather I feel that I have added another face to the many different faces of bulimia. The main message that I have received is that, although there are many faces existing on bulimia, I found the most understanding in listening to the personal narratives of women living with it. Perhaps someone else will also find meaning in these words. I spoke earlier of changing positions in my opinion on bulimia. I feel that, going into this research, I knew very little about bulimia and in my lack of understanding I had judged it and focused only on ridding it from someone's life. I am definitely not advocating an encouragement of bulimia, but I have reached a place of understanding that bulimia can be something of a comfort, a form of expression, a friend, as well as an enemy. In other words, it can mean different things for different people. I have moved from a place of not understanding to a place of understanding and, as a future therapist, this has been the greatest gift that this research has given me.

5.2. Recommendations

As I moved along in this interview process a few ideas came to mind about how this research could have been carried out differently. I include these here for anyone else wanting to work with these, or other faces of bulimia, in the future.

Firstly, the Media face of bulimia rang out clearly in the stories of the two women I interviewed. It may be useful to research this, and other faces, as also being dominant ones of bulimia. Secondly, one could perhaps construct a research project that allows people living with bulimia to evaluate their impression of other dominant faces of bulimia in their own lives. That is, to explore which dominant faces have had an effect in their lives. Thirdly, perhaps future research could make the analysis a more collaborative one. One in which the participants could actually choose what, in their stories, is important to focus on in the analysis.

Lastly, perhaps someone reading this feels that the research could have been undertaken from a different methodology completely. I feel comfortable, however, that this has been a narrative study because it has allowed the different faces of bulimia to draw the pictures present here. It has also allowed for the personal stories of women living with bulimia to hold centre stage as they, in reality, are the true experts on its affect in their own lives.

References

American Psychological Association (APA). (2001). *Publication manual of the American Psychological Association*. (5th ed.). Washington DC: American Psychological Association.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Bruch, H. (1979). *The Golden Cage: The enigma of anorexia nervosa*. New York: Vintage Books.

Collins Shorter English Dictionary. (1993). Great Britain: HarperCollins Manufacturing.

Cooper, M., Todd, G. & Wells, A. (2000). *Bulimia Nervosa: a cognitive therapy programme for clients*. London: J. Kingsley Publishers.

Crowther, J. J., Tennenbaum D.L., Hobfoll S.E. & Stephens M.P. (1992). *The etiology of bulimia nervosa: the individual and family context*. United States of America: Hemisphere Publishing Corporation.

Elliot, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving Guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*; **38**; 215-219.

Epston, D. (2000). *The history of the archives of resistance – anti-anorexia/anti-bulimia*. Narrative Approaches. Retrieved June 11 2006, from http://www.narrativeapproaches.com/antianorexia%20folder/history.htm

Epston, D. (2006). *Separating the person from the problem*. Narrative Approaches. Retrieved June 11, 2006 from http://www.narrativeapproaches.com/antianorexia%20folder/history.htm

"Even Celebs have Wobbly Bits". *Heat* Magazine. October 21, 2006. Pgs 62-68..

Fairburn, C., Cooper, Z., & Cooper, P. (1986). The clinical features and maintenance of bulimia nervosa. In *Handbook of Eating Disorders: Physiology, Psychology, and Treatment of Obesity, Anorexia, and Bulimia*. edited by Brownell and Foreyt. New York: Basic Books, Inc. Chap. 22.

Farrell, E. M. (1995). *Lost for Words: The Psychoanalysis of Anorexia and Bulimia*. London: Process Press Ltd.

Farber, S.K. (2000). *When the body is the target: self-harm, pain, and traumatic attachments*. Northvale, NJ: Jason Aronson.

Freedman, J. & Combs, G. (1996). *Narrative Therapy: The Social Construction of Preferred Realities.* New York: W.W. Norton & Company.

Freedman J., & Combs, G. (2002). *Narrative therapy with couples … and a whole lot more. A collection of papers, essays and exercises*. Adelaide: Dulwich Centre.

Hoffman, L., & Halmi, K. (1993). Psychopharmacology in the treatment of anorexia nervosa and bulimia nervosa. *Psychiatric Clinics of North America*. 16(4):767- 778.

Johnson, C. L. (Ed). (1991). *Psychodynamic treatment of anorexia nervosa and bulimia*. New York: The Guilford Press.

Kayrooz, C. (2001). *A Systemic Treatment of Bulimia Nervosa: Women in Transition*. London: Jessica Kingsley Publishers Ltd.

Kerr, J., Skok, R. L. & McLaughlin, T. F. (1991). Characteristics common to females who exhibit anorexic or bulimic behavior: a review of current literature. *Journal of Clinical Psychology*, **47** (6), 846-851.

Lieblich, A., Tuval-Mashiach, R. & Zilber, T. (1998). *Narrative Research: Reading, Analysis & Interpretation*. California: Sage Publications Inc.

McCourt, F. (2006). *'Tis*. Bluedragonfly. Retrieved June 6, 2006 from http://www.bluedragonfly.org/

Miller, K. J. & Mizes, J. S. (Eds). (2000). Comparative *Treatments for Eating Disorders*. New York: Springer Publishing Company, Inc.

Mission. (n.d.). Crescent Clinic. Retrieved September 1, 2006, from www.crescentclinic.co.za

Pistorius, C. W. I. (2005). *Message from the principal.* Retrieved October 15, 2006, from University of Pretoria, Department of Psychology Web site: http://www.up.ac.za.

Mitchell, J. (1986). Bulimia: medical and physiological aspects. In *Handbook of Eating Disorders: Physiology, Psychology, and Treatment of Obesity, Anorexia, and Bulimia*. edited by Brownell and Foreyt. New York: Basic Books, Inc. Chap. 21.

Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Australia: Dulwich Centre Publications.

Ochs, C. (1997). *Woman and spirituality*. Lanham: Rowman & Littlefield.

Opperman, M. "Cadavers on the Catwalk." YOU magazine. October 12, 2006. Pgs 22-24.

Reindl S.M. (2001). *Sensing the self: women's recovery from Bulimia*. Massachusetts: Harvard University Press.

Renoir, A. (1888). *Renoir Gallery*. Retrieved September 9 , 2006, from www.renoir.org.yu/gallery.asp?id=3

Riessman, C.K. (1993). *Narrative Analysis*. California: Sage Publications Inc.

Sadock, B. J. & Sadock, V.A. (2003). *Synopsis of psychiatry: Behavioural Sciences/Clinical Psychiatry.* (9th ed). Philadelphia: Lippincott Williams & Wilkins.

Searle, C., Gobo, G., Jaber, F.G., Silverman, D. (Eds.). (2004). Qualitative Research Practice. California: Sage Publications Ltd.

Stiles, W.B. (1993). *Quality Control in Qualitative Research*. Clinical Psychology Review 13; 593-618.

Spencer, M. "Where did our waists go?" Fair Lady Magazine. December 2005: pgs 112-116.

Tiemeyer, M. (2006). Intimacy that isn't satisfying: negative web sites". Retrieved October 12, 2006 from http://pediatrics.about.com/cs/conditions/a/eatingdisorders_2.htm

Epston, D. (2000). *The history of the archives of resistance – anti-anorexia/anti-bulimia*. Narrative Approaches. Retrieved June 11 2006, from http://www.narrativeapproaches.com/antianorexia%20folder/history.htm

The Skinny on Thin. (2006). EduProjects. Retrieved June 6, 2006 from < http://iml.jou.ufl.edu/projects/Spring04/Heimburg/index.html>

Treasure, J., Schmidt, U., Troop, N., Tiller, J., Todd, G., Keilen, M., & Dodge, E. (1994). First step in managing bulimia nervosa: controlled trial of therapeutic manual. *BMJ*. 308:686-689.

"Twiggy". (2006). Askmen.com. Retrieved September 3, 2006 from http://www.askmen.com/women/models_150/178_twiggy_lawson.html

Vredevelt, P., Newman, D., Berverly, H., & Minirth, F. (1992). *The Thin Disguise: Understanding and overcoming anorexia & bulimia*. Nashville: Thomas Nelson Publishers.

Waller, D., Fairburn, C., McPherson, A., Kay, R., Lee, A., & Nowell, T. (1996). Treating bulimia in primary care: a pilot study. *International Journal of Eating Disorders*. **19**(1):99-103

White, M. (1988/9). The externalizing of the problem and the re-authoring of lives and relationships. Dulwich Newsletter, summer, 5-28.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide: Dulwich Centre Publications.

White, M. (2000). *Reflections on Narrative Practice: Essays and Interviews*. South Australia: Dulwich Centre Publications.

White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton

White, M. (1995). *Re-authoring lives: interviews & essays*. Adelaide: Dulwich Centre.

Wikipedia. (2006). Pro-mia. Retrieved June 11, 2006 from http://en.wikipedia.org/wiki/Pro-mia

Williamson, D.A. (1990). *Assessment of Eating Disorders: Obesity, Anorexia, and Bulimia Nervosa.* United States of America: Pergamon Press.

Zimmerman, J.L. & Dickerson, V.C. (1994). Using a narrative metaphor: implications for theory and clinical practice. *Family Process* **33**, 233-245.